

National Indian Health Board



National Indian Health Board Resolution 18-19

SUPPORT FOR EXEMPTING IHS ELIGIBLE BENEFICIARIES FROM MEDICAID WORK AND COMMUNITY ENGAGEMENT REQUIREMENTS

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health, behavioral health and public health services to AI/ANs and for the fulfillment of the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the NIHB is duly elected to serve the sovereign rights of all Federally recognized Tribal governments, to promote the highest levels of health for AI/AN people, and to advise the Federal government in the development of responsible health care policy; and

WHEREAS, the unmet health needs of American Indians and Alaska Natives are severe and the health status of American Indians and Alaska Natives is far below that of the general population of the United States, resulting in an average life expectancy for American Indians and Alaska Natives 5.5 years less than that for the U.S. all races population; and

WHEREAS, the United States assumed the trust responsibility through a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. The Snyder Act of 1921 (25 USC 13) legislatively affirmed this trust responsibility. To facilitate upholding its responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to AI/ANs; and,

WHEREAS, the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 46.6 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, over 40 years ago, Congress permanently authorized the IHS and Tribal facilities to bill Medicaid for services provided to Medicaid-eligible American Indians and Alaska Natives to supplement inadequate IHS funding; and

WHEREAS, IHS and Tribal Health Programs rely upon third party billing from the Centers for Medicare and Medicaid (CMS) to help support the Indian health system which is severely underfunded; and

WHEREAS, CMS has stated they will approve States to include work requirements as a condition of eligibility for Medicaid; and

WHEREAS, Many Tribal Nations experience disproportionately high rates of joblessness and imposing work requirements on Tribal Nations and Citizens will result in IHS eligible beneficiaries not enrolling in Medicaid; and

WHEREAS, Indian Health system will lose access to the critical Medicaid resources resulting in further rationed care and worse health outcomes for American Indians and Alaska Natives, and

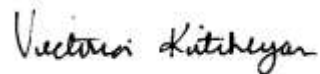
WHEREAS, The Federal Government has authority to provide special protections for IHS eligible beneficiaries as part of the Federal Government's trust responsibility and the government-to government relationship, and

NOW THEREFORE BE IT RESOLVED, that NIHB requests CMS to adhere to long standing law and policy and put in place special protections for IHS eligible beneficiaries to avoid the severe and negative impacts the imposition of work requirements will have on the Indian health system; and

BE IT FINALLY RESOLVED, that the National Indian health Board calls on CMS to exempt IHS eligible beneficiaries from state imposed work and community requirements as a condition of eligibility for Medicaid.

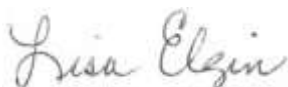
CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 9th day of November, 2018.



Victoria Kitcheyan
NIHB Vice-Chair

ATTEST:



Lisa Elgin
NIHB Secretary