

National Indian Health Board



NOVEMBER 28, 2011

AFFORDABLE CARE ACT (ACA) AND INDIAN HEALTH CARE IMPROVEMENT ACT (IHCIA) IMPLEMENTATION

BACKGROUND

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA) into law. Within the ACA was the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). ACA contains a number of Indian-specific provisions and new benefits, including special enrollment periods for health insurance exchanges with no cost-sharing, expanded eligibility for Medicaid, and exemption from the individual mandate to carry health insurance. Likewise, the permanent reauthorization of IHCIA includes new and expanded authorities for the Indian Health Service, such as facilitating care to Indian veterans, the provision of behavioral health treatment and preventive services, and the expansion of long-term care services.

The implementation of these laws is no doubt a complex task, with many competing interests at play. However, the Administration must keep its unique relationship and responsibility to Tribes in mind as the process moves forward.

TALKING POINTS

Definition of Indian:

This is an issue in need of a resolution. With the support of the Administration, a legislative or regulatory solution could be reached. Please facilitate the application of a definition of “Indian” that is consistent with the various provisions of the Affordable Care Act and captures the breadth of authorities under which individuals are identified as Indian, such as contained in current Centers for Medicare and Medicaid Services (CMS) regulations. For more information, please see the NIHB fact sheet on this topic.

Exchange Development and State-Tribal Relations: Tribes need to be at the table as states build insurance exchanges. We are appreciative of the letter from Secretary Sebelius to governors, but more oversight is needed:

- Require health plans, as a condition of participation in an Exchange, to offer to include Indian Health Service, Tribes and Tribally-operated programs, and Indian/Tribal and Urban (I/T/U) as in-network providers in their health plans.



- Require health plans offered through an Exchange to use an “Indian Addendum” with I/T/U providers to facilitate the identification and enforcement of Indian-specific provisions of Federal law.
- Ease access to health insurance for AI/ANs by requiring state-based exchanges to permit Indian Tribes and Tribal organizations to pay the unsubsidized portion of health plan premiums on behalf of their designated enrollees through a collective payment process.
- Require and enforce Tribal consultation by States and their Exchange-designated entities in the planning, implementation and operation of State Exchanges, and ensure adequate funding for the technical assistance provided to the States and State Exchanges by AI/AN and Tribal entities.

Indian Health Care Improvement Act (IHCIA) Timeline: Tribes have requested an implementation timeline for the Indian Health Care Improvement Act. Please encourage IHS to produce a timeline of implementation for remaining provisions.