



## Happy Birthday, ACA!

### *The National Indian Health Board Celebrates Two Years of the Affordable Care Act*

Friday, March 23, 2012, is the two-year signing anniversary of the landmark health reform law: the Patient Protection and Affordable Care Act (ACA). For two years, implementation the ACA and the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) has progressed with strong participation from Indian Country. These laws represent some of the most positive news for the improvement and promotion of Indian health in over a decade.

The ACA improves the quality, affordability, and accessibility of health care for all Americans, including American Indians and Alaska Natives (AI/AN), by making targeted changes to the way health care is delivered in this nation. For the first time, Tribally-provided health insurance cannot be taxed by the federal government. For the first time, insurance companies will be barred from denying coverage to those who suffer from preexisting conditions or placing lifetime dollar limits on the amount of coverage an individual is allowed. For the first time, vital preventative care is available without co-pays and young adults can remain on their parents' insurance plans up to the age of 26. To date, 29,000 AI/AN young adults are covered under this provision.

But these two years have marked even more significant change for Indian Country: the permanent reauthorization of the IHCIA. The culmination of a decade-long battle, IHCIA makes long-awaited improvements to the Indian health care delivery system possible by bringing it into the 21<sup>st</sup> century and closer to parity with the rest of the United States. Under IHCIA, the Indian Health Service (IHS) and Tribes have new and expanded authorities to provide cancer screenings and dialysis, ensure our elders are cared for, recruit more qualified health professionals, modernize dated health facilities, and bring more funding to hospitals and clinics through third-party collections. Even better still, IHCIA is *permanent*. It will remain in law and Tribes will never be forced to go through the reauthorization process ever again.

On this occasion, NIHB celebrates the progress made over the last two years and looks forward to a world in which AI/AN health disparities are a thing of the past. Meanwhile, the Obama Administration is working to make these reforms a reality by 2014. Since the ACA was signed into law, there have been numerous opportunities for Tribal consultation on a variety of topics. As a result, implementation is moving forward. Here are some recent developments:

#### Federal Employees Health Benefits (FEHB)

Under the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA), Tribes and Tribal organizations operating programs under the Indian Self-Determination and Education Assistance Act are eligible to purchase health insurance for their employees under the FEHB Program. In a "Dear Tribal Leader Letter" dated



December 21, 2011, the Office of Personnel Management (OPM) provided an update on Tribal access to the Federal Employees Health Benefits (FEHB) Program. Tribes may sign up for FEHB on a rolling basis with a first effective coverage date of May 1, 2012. To date, 50 Tribes have expressed interest in this new benefit with many likely to follow.

## Memorandum of Agreement with the VA

IHCIA authorizes the Department of Veteran's Affairs (VA) to reimburse for services provided by IHS and Tribal health facilities to eligible AI/AN Veterans. Now, AI/AN Veterans will have the option of being treated at their Tribal clinic or IHS hospital, and the cost of this care may be covered by the VA. A draft agreement has been released and IHS and the VA conducted in-person consultation on this proposal on March 14<sup>th</sup> during IHS' Consultation Summit in Washington, DC. IHS and the VA are currently seeking additional Tribal comments due April 4, 2012.

## Long-Term Care

With new authorities under IHCIA, IHS is able to share resources, as well as contract and compact with Tribes to ensure elders and those living with disabilities have the care that they need. These types of care include long-term care, home and community-based services, hospice, and assisted living. Following a November 2010 meeting in Washington, DC entitled, "Long Term Care in Indian Country: New Opportunities and New Ideas," and a host of webinars and other meetings, IHS initiated consultation on January 6, 2012 with Tribes on these provisions of IHCIA. IHS hopes to gain more insight into Tribal recommendations on long-term care including functionality, jurisdiction, reimbursement, and workforce development.

## Affordable Health Insurance Exchanges

Under the ACA, consumers will soon be able to purchase affordable health insurance through state-based health insurance exchanges. These marketplaces will allow consumers to compare the pricing and benefits of multiple plans, choosing the one that best fits their needs. Within this provision are unique benefits for AI/AN consumers, including special monthly enrollment periods, reduced or no cost-sharing, and exemption from the "individual mandate" to carry private health insurance. On March 12, 2012, the Department of Health and Human Services (HHS) released a final rule on the establishment of these exchanges, with many implications for Tribes.

