

NATIONAL INDIAN HEALTH BOARD



ANNUAL REPORT: SUMMARY OF STATE HEALTH INSURANCE STATUS REPORTS

JULY 2023

by **ROCHELLE RUFFER, PH.D.**
Tribal Health Data Project Director
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INTRODUCTION

DESCRIPTION OF THE REPORT

This report provides an executive summary and the highlights from the National Indian Health Board (NIHB) State Health Insurance Status Report (SHISR) for 2021¹. The SHISR provides analysis of enrollment for American Indians/Alaska Natives (AI/AN) in Medicare, Medicaid, and uninsured from the American Community Survey (ACS), using five-year rolling averages, for the United States. While the focus of the SHISR is 2012 to 2021, this annual enrollment report will provide the highlights and differences among states for the 2021 data only. Specific concerns over data sampling errors, the Medicaid undercount in ACS data, and adjusting the results for age differences between the AI/AN community and the overall population have all been addressed in the Introduction to the SHISR.

DATA DESCRIPTION AND SAMPLE: AMERICAN COMMUNITY SURVEY DATA

This report utilizes the ACS 5-year estimates.² The 5-year estimate represents data collected over a period of the preceding five years. The 5-year estimates have increased statistical reliability for small population subgroups compared to the one-year data.³ The AI/AN population is reported as the people who are American Indian or Alaska Native alone or in combination with one or more races. Foreign born are included in the AI/AN population estimates within this report. While the SHISR provides analysis of all states, this report will concentrate on the 37 states that have State Plan Amendments for State Tribal Relations on Health Care.⁴ The 37 states in this report will be referred to SPA states to distinguish from all of the states discussed in the SHISR. Appendix A provides a list of the 37 states used for analysis in this report.

1 See the SHISR here: https://www.nihb.org/resources/NIHB%20State%20Health%20Insurance%20Status%20Report_July%202023.pdf

2 United States Census Bureau. (2023) ACS 5-Year Estimates Public Use Microdata Sample, Vintage 2012-2021. <https://data.census.gov/mdat/#/>.

3 United States Census Bureau. (March 17, 2022) American Community Survey 5-Year Data (2009-2020). <https://www.census.gov/data/developers/data-sets/acs-5year.html>

4 See <https://www.cms.gov/outreach-and-education/american-indian-alaska-native/aian/state-tribal-relations-on-health-care> for the list and the State Plan Amendments (SPA).

ACKNOWLEDGEMENTS

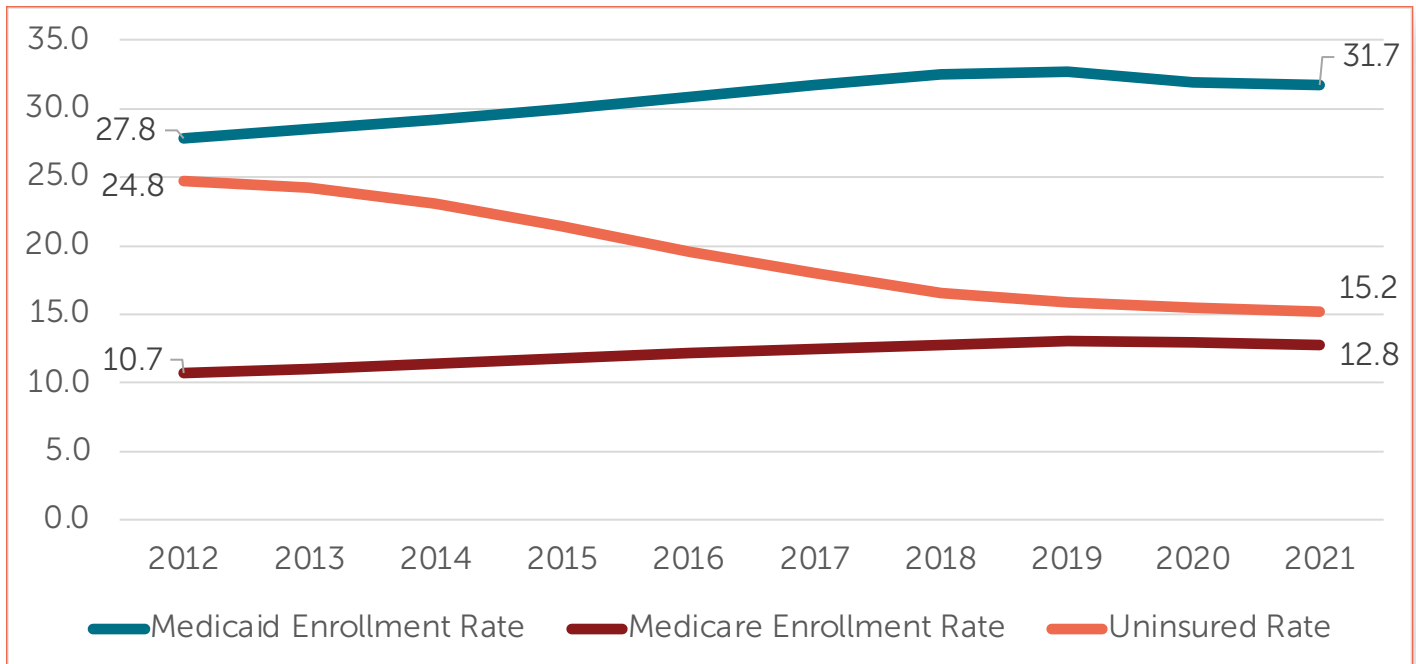
Some aspects of this report were presented to an audience at the NIHB National Tribal Health Conference (NTHC) in May of 2023. The feedback is much appreciated. NIHB colleague, Carrie Field, contributed important input about the chart designs for the SHISR. Dr. Cheng Wang, Biostatistician for the Great Plains Tribal Leaders' Health Board, provided both invaluable technical support to automate the creation of tables and conversation about the presentation and interpretation of the data for the SHISR, which are also highlighted in this report.

FUNDING FOR THE REPORT

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AI/AN ENROLLMENT RATES FOR 37 SPA STATES



The chart above shows the AI/AN enrollment rates (Number of AI/AN enrolled / AI/AN population) from 2012 to 2021 for the SPA states. The trend for SPA states is similar to all states: the AI/AN Medicare and AI/AN Medicaid enrollment rates increased, and the AI/AN uninsured rate fell from 2012 to 2021. Note that for the SPA states, the AI/AN Medicare enrollment rate increased by 2.1 percentage points, the AI/AN Medicaid enrollment rate increased by 3.9 percentage points, and the AI/AN uninsured rate decreased by 9.6 percentage points from 2012 to 2021.



MEDICAID ENROLLMENT RATE

The growth or lack of growth in the AI/AN Medicaid enrollment rate is likely to be influenced by whether a state adopted and implemented Medicaid Expansion. A list of SPA states and their Medicaid Expansion dates can be found in Appendix A.⁵ Of the SPA states, 32 percent (12) saw a decrease in AI/AN Medicaid enrollment rates from 2012 to 2021. Of those 12, all of them either implemented Medicaid expansion late (2018 or later) or had not adopted (or implemented) Medicaid expansion at all. The table below shows the average percentage point change in AI/AN Medicaid enrollment from 2012 to 2021 categorized by date of Medicaid expansion. Since the 2021 ACS 5-year data includes data from 2017-2021, the data for states with Medicaid expansion from 2018-2021 includes both data from pre-Medicaid expansion and post-Medicaid expansion. Thus, the effects of Medicaid expansion are not fully realized in the 2021 data and are considered in a separate category for that reason. The average percentage point change for the AI/AN Medicaid enrollment rate was negative for those states who have not passed or implemented Medicaid Expansion. The average percentage point increase in AI/AN Medicaid enrollment from 2012 to 2021 for those 20 states with Medicaid Expansion prior to 2017 is 7.5 percent.

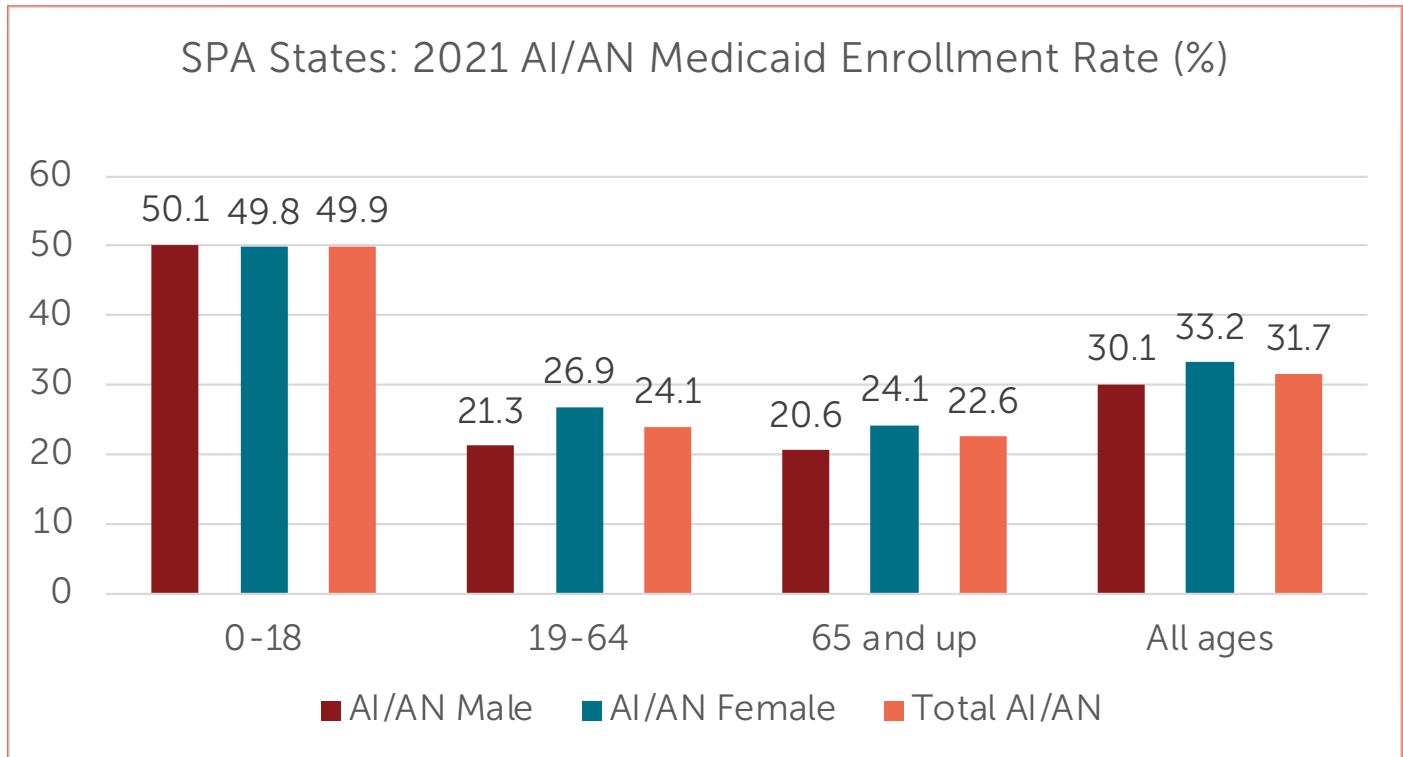
DATE MEDICAID EXPANSION IMPLEMENTED	NUMBER OF STATES	AVERAGE CHANGE IN AI/AN MEDICAID ENROLLMENT RATE 2012 TO 2021
2014 - 2016	20	7.5
2018 - 2021	7	-1.4
No Medicaid Expansion by 2021	10	-0.7
Total	37	

⁵ See <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/> for the latest on Medicaid expansion status for each state.



AI/AN MEDICAID ENROLLMENT BY AGE AND SEX

The chart below shows the AI/AN Medicaid enrollment rate for 2021 for all SPA states by age and sex.



The results show that there is little difference between the 2021 AI/AN Medicaid enrollment rate for AI/AN males age 0 - 18 and AI/AN females age 0-18. In that age group, approximately 50 percent of males and 50 percent of females are enrolled in Medicaid. However, the pattern differs by state with 17 of the 37 states with a higher enrollment rate for females, 15 of 37 with a higher enrollment rate for males, and 5 states with equal enrollment.⁶

For 19-64 year olds, the difference between female and male AI/AN Medicaid enrollment rates is the largest. Females age 19-64 are more likely to be enrolled in Medicaid, with approximately 27 percent of AI/AN females in SPA states enrolled in Medicaid in 2021 and 21 percent of AI/AN males in SPA states

⁶ Differences of less than one percentage point between the two groups are categorized as the same for the purposes of this report.

enrolled in Medicaid. For all SPA states, the Medicaid enrollment rate for females is 5.6 percentage points higher than for males. The difference is as high as 13.7 percentage points for Louisiana and as low as 1.9 percentage points for Connecticut. For all states other than Mississippi, the AI/AN female Medicaid enrollment rate is higher than the AI/AN male Medicaid enrollment rate for 19–64-year-olds. This pattern makes sense as many states have different rules for Medicaid coverage for pregnant women, which would likely increase the female enrollment rate for this age grouping.

The pattern for age 65 and greater is less clear. For all 37 states, the chart on the previous page shows that females have a higher Medicaid enrollment rate than males. However, note the table below that shows that almost 22 percent of the states (8/37) have either a higher male enrollment rate or an equal enrollment rate between males and females age 65 and up. Overall, while there is some variation, for all ages, the female enrollment rate is higher for 84 percent (31/37) of the states.

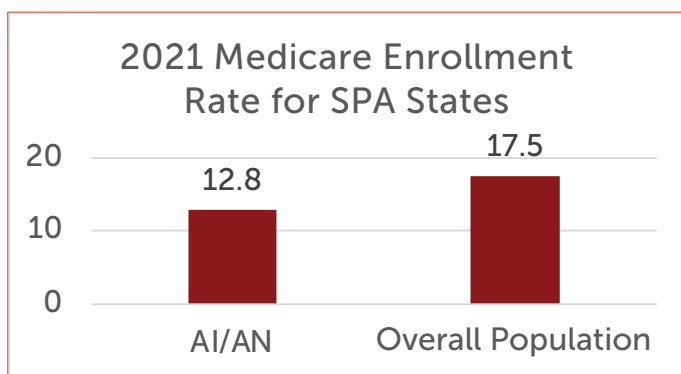
NUMBER OF STATES — 2021 AI/AN MEDICAID ENROLLMENT			
	Female Enrollment Rate Higher	Male Enrollment Rate Higher	Female and Male Enrollment Rates Equal*
0-18	17	15	5
19-64	36	1	0
65 and up	29	5	3
All Ages	31	2	4

*: defined as less than 1 percent difference



MEDICARE ENROLLMENT

The AI/AN Medicare enrollment rate increased for the SPA states from 2012 to 2021 by 2.1 percentage points. The average growth of the 37 SPA states was 1.9 percentage points, with only two states seeing a decrease in Medicare enrollment rates and two states where the Medicare enrollment rate stayed the same. While the AI/AN Medicare enrollment from 2012 to 2021 followed the same trend as the overall population, the overall population's Medicare enrollment rate for 2021 was higher than the AI/AN Medicare enrollment rate for all 37 SPA states. The chart below depicts the Medicare enrollment rates for 2021. In the 37 SPA states, 17.5 percent of the overall population is enrolled in Medicare and 12.8 percent of AI/AN are enrolled in Medicare. The following section will look at possible explanations for why there is a consistent lower AI/AN Medicare enrollment rate compared to the overall population.⁷



DIFFERENCE IN AGE DISTRIBUTION

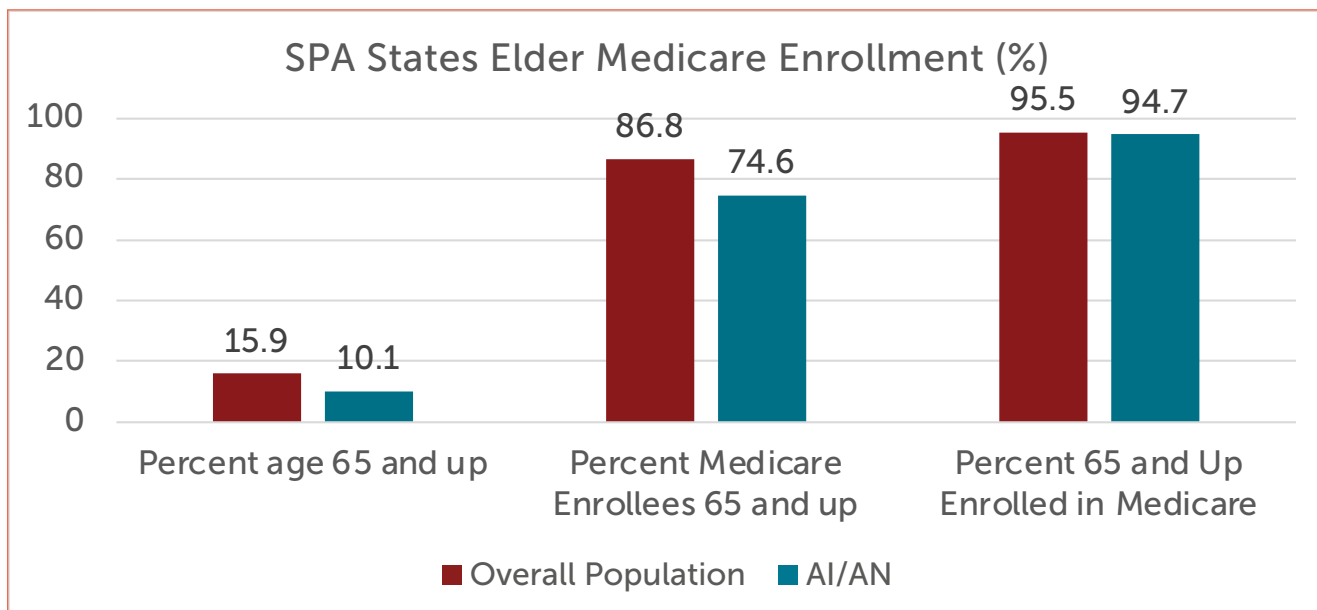
There are known differences in the age distribution between the AI/AN population and the overall population, many of which may stem from the fact that the life expectancy for AI/AN is the lowest of all racial and ethnic categories. The 2021 life expectancy for an AI/AN person is 65.2, almost 11 years lower than for the overall US population.⁸ While life expectancies have fallen for all racial groups from 2019 to 2021, the decrease in life expectancy for AI/AN has fallen from 1.7 to 3.7 times more than other racial and ethnic groups. Because of this drastic inequity in life expectancy, the AI/AN population skews younger in age distribution than the overall population. This

⁷ Note this difference also occurred for all states in the SHISR.

⁸ Arias, E, Tejada-Vera, B, Kochanek, K, and Ahmad, F. (August 2022). Provisional Life Expectancy Estimates for 2021. NVSS: Vital Statistics Rapid Release, Report No. 23. <https://www.cdc.gov/nchs/data/vsrr/vsrr023.pdf>

in turn likely explains the differences between the Medicare enrollment rate for the overall population and AI/AN. At the current life expectancy, the average AI/AN person would not live long enough to become eligible for Medicare. Age-adjusting these rates would obscure the underlying inequity in life expectancy. NIHB intentionally does not age-adjust in this report to highlight these urgent inequities that must be addressed.

The chart below shows the impact of the lower AI/AN life expectancy. In 2021, 10.1 percent of the AI/AN overall population were age 65 and up (elders), while almost 16 percent of the overall population in SPA states were elders.⁹



While the majority of those enrolled in Medicare are age 65 and older, there are other ways to qualify for Medicare such as if one is qualified for a disability or has been diagnosed with End-Stage Renal Disease.¹⁰ The middle bars in the graph above show the proportion of 2021 Medicare enrollment that comes from elders for SPA states. In the case of the overall population, 86.8 percent of those enrolled in Medicare in 2021 are elders. For AI/AN, 74.6 percent of those enrolled in Medicare in 2021 are age 65 and higher. However, in the last bars, we can see that roughly 95 percent of AI/AN elders are enrolled in Medicare. Given the similar enrollment rate of elders in Medicare, there is a possibility that there is a larger proportion of the AI/AN population who qualify for Medicare in other ways than age. However, testing that hypothesis is beyond the scope of this report.

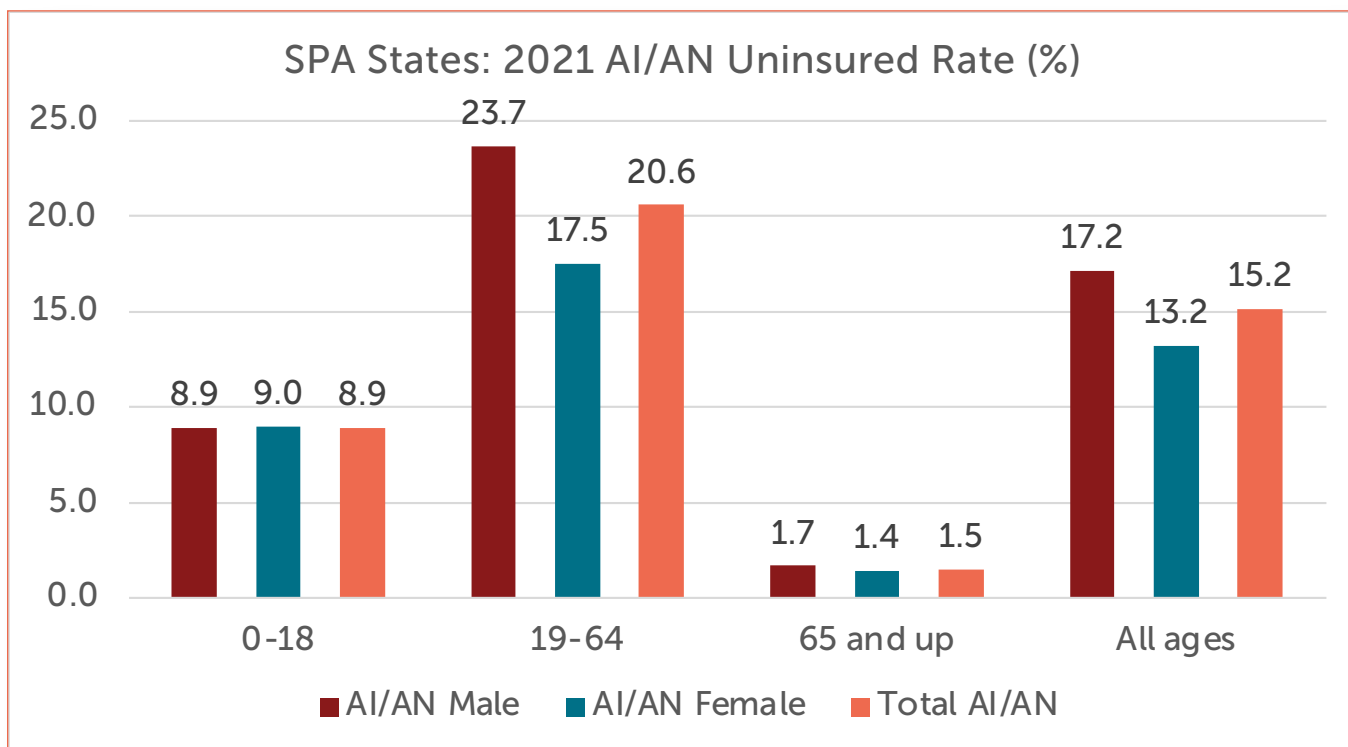
⁹ The results were very similar for all states in the SHISR.

¹⁰ See <https://www.hhs.gov/answers/medicare-and-medicaid/who-is-eligible-for-medicare/index.html>



UNINSURED RATES

The chart below shows the AI/AN uninsured rate for 2021 for all SPA states by age and sex.



The results show that there is no difference between the 2021 AI/AN uninsured rate for AI/AN males age 0 - 18 and AI/AN females age 0-18. In that age group, approximately 9 percent of AI/AN males and females are uninsured. However, the pattern differs by state with 10 of the 37 states with a higher uninsured rate for males, 9 of 37 with a higher uninsured rate for AI\AN females, and almost half the states (18) where the uninsured rate is equal for males and females in the 0-18 age group.¹¹

Similar to Medicaid enrollment for 19–64-year-olds, there is no difference between the uninsured rates of AI/AN females and males. This is true for every SPA state except Wyoming, where the female uninsured rate is higher for this age group. For all SPA states, the uninsured rate for males is 6.2 percentage points

¹¹ Differences of less than one percentage point between the two groups are categorized as the same for the purposes of this report.

higher than for females. The difference is as high as 15.3 percentage points for South Dakota and as low as 2.2 percentage points for Nevada. Given that there are a larger percentage of AI/AN females in this age group enrolled in Medicaid, it may not be surprising that AI/AN males are more likely to be uninsured.

The graph on the previous page also shows there is essentially no difference between the uninsured rates of AI/AN males and females age 65 and greater. For 60 percent of the states (22), there is no difference between male and female uninsured rates. However, note the table below that shows that in 24 percent of states (9/37), the uninsured rate is higher for AI/AN male elders, and in 16 percent of states (6/37), the uninsured rate is higher for AI/AN female elders. But, in almost 60 percent of states (22/37) the uninsured rate is equal for males and females age 65 and up. In fact, for the states of Connecticut, Maine, and Rhode Island, the uninsured rate for all AI/AN age 65 and older is zero. Over all age groups, almost 95 percent (35/37) of states see a higher uninsured rate for males than females.

NUMBER OF STATES — 2021 AI/AN UNINSURED RATE			
	Male Uninsured Rate Higher	Female Uninsured Rate Higher	Female and Male AI/AN Uninsured Rates Equal*
0-18	10	9	18
19-64	36	1	0
65 and up	9	6	22
All Ages	35	0	2

*: defined as less than 1 percent difference



CONCLUSION

This annual report provides highlights from the NIHB, SHISR for 2021. While the SHISR provides analysis of all states and the District of Columbia, this report concentrates on the 37 states that have a SPA. Thus, the statistics for the “US” are different in this annual report than in the SHISR. For state specific results, see the companion SHISR.



APPENDIX A: SPA STATES

STATES WITH STATE TRIBAL RELATIONS ON HEALTH CARE/STATE PLAN AMENDMENTS (SPA)

SPA STATE	MEDICAID EXPANSION IMPLEMENTATION DATE
Arizona	1/1/2014
California	1/1/2014
Colorado	1/1/2014
Connecticut	1/1/2014
Illinois	1/1/2014
Iowa	1/1/2014
Maryland	1/1/2014
Massachusetts	1/1/2014
Minnesota	1/1/2014
Nevada	1/1/2014
New Mexico	1/1/2014
New York	1/1/2014
North Dakota	1/1/2014
Oregon	1/1/2014
Rhode Island	1/1/2014
Washington	1/1/2014
Michigan	4/1/2014
Alaska	9/1/2015
Montana	1/1/2016

SPA STATE	MEDICAID EXPANSION IMPLEMENTATION DATE
Louisiana	7/1/2016
Maine	7/2/2018
Virginia	11/1/2018
Idaho	11/1/2019
Utah	1/1/2020
Nebraska	10/1/2020
Missouri	7/1/2021
Oklahoma	7/1/2021
South Dakota	7/1/2023
North Carolina	Adopted 3/27/2023
Alabama	
Florida	
Kansas	
Mississippi	
South Carolina	
Texas	
Wisconsin	
Wyoming	





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