Legislative Priorities on Medicaid

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Aim and Approach of Initiative

Aim:

• The aim of this initiative is to *fix gaps in access to high-quality health care services* under Medicaid for low- and moderate-income American Indians and Alaska Natives (AI/ANs) across all states.

Approach:

• Do no harm.

• Build on existing administrative infrastructure.
  
  – Indian health care providers (IHCPs) are defined in federal regulations.
  
  – Most services to AI/ANs by IHCPs are currently supported with 100% federal funding.

• Establish new authorities as either “requirements” or “options” based on assessment of: (a) ability to achieve policy goal and (b) ability to enact legislation.

• Have legislative package ready to capitalize on potential opportunities to advance the legislation that might emerge in Congress.
Elements of Legislative Proposal

- **Working Title:** “Medicaid Indian Amendments Act”
- **Lead Legislative Proposals:**
  1. Authorize Indian Health Care Providers (IHCPs) in all states to receive Medicaid reimbursement for a federally-defined set of health care services—referred to as Qualified Indian Provider Services (QIPS)—when delivered to AI/ANs.
  2. Create the option for states to extend Medicaid eligibility to all AI/ANs with household income up to 138% of the federal poverty level (FPL).
  3. Extend full federal funding (through 100% FMAP) and the IHS encounter rate to Medicaid services furnished by *urban* Indian health programs to AI/ANs.
- **Additional Legislative Proposals:**
  4. Clarify in federal law and regulations that state Medicaid programs are—
     - Permitted to implement policies limited to AI/ANs and/or IHCPs (through waivers or State Plan Amendments), including without concern of violating (a) “comparability” or (b) “statewideness” standards.
       - Mandate [or permit] exemption of AI/ANs from work requirements.
     - Prohibited from over-riding (through waivers, etc.) Indian-specific provisions in federal Medicaid law.
  5. Address the “four walls” limitations on IHCP “clinic” services.
Input from Recent Tribal Meetings and Discussions

• Emphasize with external partners that goal of initiative is to advance access to *quality health care* through removing impediments.

• Be surgical in legislative approach; don’t overload initiative with too many provisions.
  – Make ask straight-forward for Tribal leaders.
  – Make support of Medicaid Indian Amendments Act clear choice for Members of Congress who express support for AI/ANs.
  – Create a list of secondary issues that might be included later in process.

• Keep issues of concern to urban Indian health programs (UIHPs) in initiative.
  – Apply provisions available to other Indian health care provides to UIHPs: 100% FMAP; access to IHS/OMB encounter rate.

• Ensure that legislative proposals do not conflict with Tribal efforts to strengthen recognition of Tribal Sovereignty.

• Be prepared *now* for opportunities that might emerge / be created to move legislative initiative.
  – Prepare legislative language.
Next Steps

• Continue to seek the input of Tribal leaders and Tribal representatives on content of legislative proposal.
  – Continue meetings of TSGAC work group to refine proposal.
  – Initiative on agenda for TSGAC Strategy Session. (9/11/2018)
  – Initiative on agenda at NIHB annual conference. (9/19/2018)

• Draft model resolution; secure resolutions in support of initiative from Tribal organizations.
  – TSGAC (October 3 quarterly meeting) -- DSTAC (October quarterly meeting)
  – USET (October meeting) -- NCAI (Annual Convention: October, 2018)
  – NIHB (November Board meeting) -- NCUIH

• Seek input from Congress and other external partners.
  – Senate Finance Committee, House Ways & Means and Energy & Commerce Committees

• Complete development of the draft legislative language by fall 2018.