

Health Insurance Reform & the Indian Health Care Improvement Act

It passed.... Celebrate!

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Health Care Reform – Key Events

- **Late 2009**— House and Senate passed differing versions of health insurance reform.
 - IHCIA included in both bills.
- **Jan. 19th 2010**— Merging process suspended after Senator Brown is elected in MA.
 - Democrats deprived a supermajority in the Senate
 - Merged bill would have to be voted on by both chambers.
- **Feb 22nd, 2010**— President Obama issued his principles for health insurance reform.
 - IHCIA included as Title X

Health Care Reform—Key Events

- **March 22nd, 2010**— House Democrats pass Senate-passed HCR bill by a 219-212 vote.
 - **IHCIA is officially passed and cleared for White House Signature.**
- House passes Budget Reconciliation ‘fixes’ by a 220-211 vote.
 - This bill strips out the ‘sweetheart’ deals to Nebraska and Arkansas as well as making other changes. None of which impact Indian patients or providers.

Health Care Reform—Key Events

(continued)

- March 25th, 2010—Senate passes HR 4872 the Budget Reconciliation ‘fixes’ by a 56-43 vote.
- House passes Senate amendments to HR 4872 by a 220-207 vote. Health Care Reform is ***finished.***

Key Concepts in Health Care Reform

- Individual Mandate—every American must have health insurance of some kind.
 - Failure to obtain coverage results in the IRS assessing a penalty tax against the individual or family.
- Expanded Medicaid Eligibility—expanded federally Medicaid eligibility to 133% of Federal Poverty Level

Key Concepts in Health Care Reform

(continued)

- **Consumer Protections**
 - Prohibits unreasonable premium disparities, annual and lifetime limits, rescission of coverage, and pre-existing condition denials.
 - Guarantee access at reasonable price.
- **Keep your current health insurance if you like it**
- **Expand Health Care Workforce**
 - Demand for care will increase as more people are insured.

Key Concepts in Health Care Reform

(continued)

- Exchange' Mechanism
 - Like an Orbitz for health insurance modeled on the MA 'connector'.
 - State's can band together to create regional exchanges
 - Intended for individuals and small businesses without coverage.
- Federal Subsidies—subsidies up to 250% of federal poverty level.

Indian Country Objectives for HCR

- Exempts Indians for failing to acquire health insurance.
 - Included in the passed bill
- Exempt from cost-sharing for Indians enrolled in Exchange health plans
 - Included in the passed bill.

Indian Country Objectives in HRC

(continued)

- Payer of last resort status for Indian health providers
 - Included in the passed bill
- Express Lane Entity designation, aka 'presumptive eligibility' under Medicare
 - Included in the passed bill
- Open enrollment period for Indians to acquire coverage through an 'Exchange' plan
 - Achieved in the passed bill.

Indian Country Objectives in HRC

(continued)

- Indian health provider eligibility for workforce development
 - Inclusion in some provisions in the passed bill.
- Exempt Tribally-supplied health benefits from income tax assessment.
 - Achieved in the passed bill.

Additional Indian Specific Provisions in HCR

- Health Disparities Provisions
 - Data collection, analysis, and quality
- Cultural Competence
 - Training programs



IHCIA in Health Care Reform

- Included in the House
 - Rahall Amendment
 - Pallone Amendment
 - Representative Miller's push for inclusion

IHCIA in Health Care Reform

(continued)

- Included in the Senate
 - Senator Dorgan's push for inclusion
 - Senator Reid's final inclusion
- Obama Proposal
 - Included IHCIA as a fundamental component

Urban Indians in IHClA: Title V

- **Section 509: Facilities**
 - New appropriations authority for UIOs for facilities construction, maintenance, and renovation. Funding must come through Title V.
- **Section 514: Conferring with UIOs**
 - IHS must confer with UIOs before the implementation or change of policies impacting UIOs.

Urban Indians in IHClA: Title V

(continued)

- **Section 515: Expanded Program Authority**
 - Ensuring the development of programs related to communicable diseases, youth suicide, and behavioral health.
- **Section 516: Community Health Representatives**
 - Allows UIOs to use community health representatives and train them.

Urban Indians in IHClA: Title V

(continued)

- **Section 517: Federal Sources of Supply**
 - Gives UIOs access to federal sources of supply.
- **Section 518: Health Information Technology**
 - Provides appropriations authority for HIT systems and development.

Urban Indians in IHClA: Outside Title V Highlights

- **Section 124: Exemption from Fees**
 - Physicians and certain other medical staff employed by UIOs are exempted from paying certain licensing and other fees.
- **Section 209: Behavioral Health Training and Community Education Programs**
 - Allows UIOs to develop and implement community education programs around mental illness.

Urban Indians in IHClA: Outside Title V Highlights (continued)

- **Section 214: Epidemiology Centers**
 - Provides authority for an Urban Indian epidemiology center
- **Section 404: Grants to Indian health providers for outreach & enrollment in SSA programs**
 - UIOs are eligible for grants provided by CMS to increase enrollment in Medicaid & Medicare & SCHIP.

Urban Indians in IHClA: Outside Title V Highlights *(continued)*

- **Section 409: Access to Federal Insurance**
 - UIOs may purchase health benefits for employees through the Federal Employees Health Benefits Program
- **Section 707: Women's Treatment Programs**
 - UIOs are eligible for grants under this program
- **Section 712: Fetal Alcohol Syndrome Program**
 - 10% set aside for UIOs

Implementation: 2010-2014

- Immediate Implementation 2010 and/or FY2011
 - Increased funding to Community Health Centers
 - Certain Insurance Regulations
- Mid-term Implementation 2012-2013
 - Health Provider Workforce Provisions
 - Increased reimbursement to primary care
- Long term Implementation



Questions?