

Medicaid Expansion & AI/AN's communities in UT

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August 2013

BACKGROUND

One of the most important components of the Affordable Care Act (ACA) law is the Medicaid expansion. American Indians/Alaska Natives (AI/AN) are among the most vulnerable populations in the U.S. and in UT. In addition to the passage of the ACA is the permanent reauthorization of the Indian Health Care Improvement Act (IHCA). This critical legislation authorizes daily healthcare delivery to over 2 million AI/AN's nationwide and more than 45,000 in Utah. Together, the ACA and IHCA strengthen and empower the Indian Health Services (IHS), patients, and tribal governments by improving access to quality care and throughout the entire Indian Health system.

The new health care law builds upon the current U.S. health insurance system and makes three key changes;

- Provides security to Americans who have coverage,
- Creates a new insurance market place, and tax credits for those who need additional help with getting insurance and,
- Decreases the costs of coverage for families and business which will improve the reduction efforts for the deficit.

American Indians/Alaska Natives benefit from the ACA and IHCA in several ways. AI/AN's utilize other sources of health care outside of the Indian Health Services (IHS) system operated by the federal government. This includes services from private or employer-sponsored health insurance. Medicare and Medicaid are also very important to AI/AN's and the Indian Health system in order to access health care. In addition, services provided by the Veteran's Administration (VA) and the Community Health Centers (CHC) provide improved access. The ACA and IHCA provide more options for AI/AN's to access health care.

UTAH

UT AI/AN's comprise 1.4% of the total population. There are eight (8) federally recognized tribes in the state of UT;

- Confederated Tribes of the Goshute Reservation,
- Navajo Nation,
- Northwestern Band of the Shoshone Nation,
- Paiute Indian Tribe of Utah,
- San Juan Southern Paiute,
- Skull Valley Band of Goshute,
- Ute Mountain Ute Tribe,
- Ute Indian Tribe.

AI/AN's are citizens of the US, the state they reside, and of the federally recognized tribe they are enrolled in. Tribal members live in some of the most rural and frontier parts of the state. Access to care is complicated and, at times, geographically challenging to access. Expansion of health care resources can improve the opportunity for access to providers, treatments, and pharmacies.

In addition to the AI/AN reservation population, UT has a large urban Indian population living along the Wasatch Front (~16,000). There are no direct health services available through the IHS/Tribal health system. Expansion of health care resources will not only improve access, it will improve the quality of care received by expanding the network of services and programs to enroll AI/AN's.

ACCESS

The IHS does have a limited presence in UT. There is one IHS facility, or outpatient clinic, in the state. It is located in the north eastern part of UT's Uintah Basin. There are no IHS hospitals in UT. The closest IHS hospital is located in Phoenix, AZ.

Although the IHS is available to UT AI/AN's, the facilities are geographically challenging to access. A facility can be a 4-8 hour drive (round trip) depending on where one travels for access. In addition, services are 'first come first serve' bases. For those who travel, it can be a long wait time to see a provider(s). Expansion of Medicaid would significantly reduce this barrier.

There are some tribally operated facilities in the state; however access is limited to enrolled tribal members. Services are not available on a daily bases. Some tribal programs contract with a provider(s) to visit the reservation on a monthly or biweekly schedule. Often times, patients are referred outside of the IHS/Tribal system for care due to the lack of providers available on the reservation or in the IHS facility. The Urban Indian Center of Salt Lake provides outreach and referral services to those AI/AN's living in the urban setting. There is no direct IHS or tribal services available for this population. Expansion of Medicaid would improve the referral network for specialty care among this population.

HEALTH INDICATORS

Expansion will provide affordable, comprehensive health insurance coverage to some of the most vulnerable Americans. While the UT AI/AN population is small, they experience greater disparities in health. For example, when compared to UT's general population, AI/AN's experience;

- A significantly higher rate of poverty (22% compared to 11%),
- More children living in poverty (26% compared to 11 %),
- The highest rates of 'no health insurance' and 'no access to the health care' (37% compared to 15%),
- Double the Diabetes rates (12% compared to 6.4%),
- Higher rates of 'fair to poor health' (25% compared to 13%),
- Higher rates of obesity, (76% compared to 58%),
- Higher rates accessing an emergency room or urgent care center for health care (15% compared to 6%),
- No health insurance access (18% compared to 10%),
- Poor mental health status (23% compared to 15 %),
- Suicide (17% compared to 12 %), and
- Over half of the AI/AN population are 45 years old and younger. (UDOH 2010 Health Status by Race & Ethnicity Report)

UT AI/AN MEDICAID DATA

We know that approximately 9,800 (86%) of those AI/AN living in poverty (at or below 100% FPL) are currently eligible for Medicaid services. As of July 1, 2013 there were approximately 8,960 AI/AN's enrolled for all Medicaid & CHIP services. Over half of those enrolled are children ages 0-17 (4,570) and CHIP (530). There are 580 enrolled in PCN. This is a 10% increase from January 1, 2013. Expanding Medicaid in UT would allow for greater health care coverage for those AI/AN's who are below 300% of FPL and strengthen the current Indian health delivery system in UT. Therefore, the overall health and well-being for all of UT's population would improve.

Medicaid programs provide some 'safety net' relief for those AI/AN's who are eligible. Eighteen percent (18%) or ~8,100 of UT's AI/AN population report no health insurance access. Expanding Medicaid services would improve health care access and services to those who may not qualify for the current 'safety net' eligibility criteria.

SUMMARY

Overall, UT's AI/AN population are younger, poorer, report higher rates of chronic illnesses and experience significantly greater barriers to accessing health care. Expanding services for Medicaid would improve access, health outcomes and contribute to a healthier population for UT overall.