ITAA

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Congressional Updates Impacting Indian Health

Overview of Legislative & Budgetary Provisions

CHR Policy Summit III
August 24, 2017

Affordable Care Act Repeal & Replacement

- On March 23, 2010, former President Obama signed the Patient Protection and Affordable Care Act (ACA) into law.
- The premise of the ACA was to protect the right of all Americans to access affordable health insurance coverage to remedy unequal access to health care and to raise the health status of all persons.
- The Supreme Court ruled that the ACA is constitutional because the U.S. Congress has the power to exercise taxing authority. It also ruled that States may decide to opt in or opt out of Medicaid Expansion for adults up to the age of 65, without children.

Affordable Care Act Repeal & Replacement

- The Trump Administration's position is that the ACA should be repealed and replaced, especially the individual and employer insurance mandates and funding for Medicaid expansion and tax credits that help individuals pay for premiums.
- Continued uncertainty in the individual insurance market & lack of funding for the ACA's risk corridor program has resulted in rising costs of premiums.
- The Administration & Members of Congress seek to cut taxes & reduce overall federal spending for domestic programs, (Health Care, SNAP, SSI, School Meals, PELL Grants, Social Services Block Grants, TANF.

Affordable Care Act Repeal & Replacement

- On May 4, 2017, the American Health Care Act (AHCA) (H.R. 1628), was passed by the U.S. House of Representatives by a vote of 217-213 and transmitted to the Senate.
- The bill seeks to:

- End Medicaid expansion and institute a State Medicaid per capita cap or block grant program by 2020.
- Eliminate the required Essential Health Benefits offered in the Federal Marketplace, State Exchanges & Medicaid plans.
- Establish a Patient and State Stability Fund to assist high-risk individuals enroll in coverage or reduce out-of-pocket costs. A State match would be phased-in starting in 2020.

Affordable Care Act Repeal & Replacement

- Current Medicaid and Marketplace (Bronze, Silver, Gold and Platinum) plans have to cover, at minimum, 10 broad categories of Essential Health Benefits.

Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative and habilitative services and devices
Hospitalization	Laboratory services
Maternity and newborn care	Preventive and wellness services and chronic disease management
Mental health and substance use disorder services, including behavioral health treatment	Pediatric services, including oral and vision care for children

Affordable Care Act Repeal & Replacement

- On July 28, 2017, the U.S. Senate considered the Better Care Reconciliation Act. In a dramatic vote at 2 am, it failed by a vote of 49-51. Senators Murkowski, Collins and McCain voted with all of the Democrats and Independents to defeat it.
- The bill included ending Medicaid expansion for childless adults in 2020 & instituting the option for states to receive the Federal match based on a per capita cap or through a block grant program.
- States would be able to impose enrollment caps, eligibility & benefit limitations, work requirements, provider rate reductions to stay within the fixed amounts or states will have to increase the State match to retain current benefits.
- The bill included exempting IHS/638 beneficiaries from the enrollment cap & retaining 100%FMAP.

Affordable Care Act Repeal & Replacement

- **WHAT'S NEXT?**
- Some Members of the U.S. Congress are seeking a bi-partisan approach to amend the ACA through *regular order*. The recommendations announced by the Bipartisan Problem Solvers Caucus on August 10, 2017, include measures to stabilize the individual health insurance market:

- Bring cost-sharing reduction (CSR) payments under the Congressional oversight & ensure mandatory funding for households earning between 100% and 250% FPL.
- Create a stability fund that states can use to reduce premiums and limit losses for those with pre-existing conditions.
- Adjust the employer mandate by raising the threshold to 500 employees.

H.R. 2662, S. 1250 – Restoring Accountability in the Indian Health Service Act of 2017

H.R. 2662, S. 1250

- The House Natural Resources' Subcommittee on Indian, Insular, and Alaska Native Affairs held a hearing on June 21, 2017 on H.R. 2662.
- The original bill was introduced in 2016 after a number of IHS facilities across Indian Country were found to have serious deficiencies by the Centers for Medicare & Medicaid Services (CMS). The bill was modified and reintroduced in May 2017.
- Key sections include: comparable pay systems, relocation and housing vouchers, a national credentialing system, liability vouchers for health professional volunteers, expanded eligibility for IHS Loan Repayment, direct appointments by the Secretary, certain Waivers of Indian preference laws & removal of employees due to misconduct.

Reauthorization of SCHIP/SDPI

- The House Natural Resources' Subcommittee on Indian, Insular, and Alaska Native Affairs held a hearing on 6/21/17, on "Examining the Extension of Safety Net Health Programs."
- Community Health Center Fund – HRSA Section 330 grants, FTCA medical malpractice coverage, 340B Drug Pricing Program, Vaccines for Children Program, National Health Service Corps.
- State Children's Health Insurance Program (SCHIP) – In Arizona, KidsCare provides medical insurance coverage for families that do not qualify for AHCCCS. (e.g. AHCCCS income limits for a family of 4 - $32,724, KidsCare income limits for a family of 4 - $49,200)

Reauthorization of SCHIP/SDPI

- SCHIP expires on September 30, 2017, but due to a 2-year funding allotment system, the Sub-committee noted that the program has sufficient funds through 2018.
- The ACA increases the SCHIP Enhanced (E)-FMAP by 23%, from 10/1/13-9/30/19. The Committee is considering the length of an extension and pealing back the E-FMAP in the drafting of an SCHIP reauthorization bill.
- Tribes are advocating for the permanent reauthorization of Special Diabetes Program for Indian (SDPI) before 9/30/17 when it is set to expire. It's recommended that SDPI be included in the SCHIP bill. SDPI funds 300 diabetes treatment and prevention programs across the nation. SDPI has been successful since the program's beginning in 1997.

UPDATE:

IHS Appropriations:
Fiscal Year 2017
Fiscal Year 2018

IHS Appropriations

- H.R.244, Consolidated Appropriations Act 2017, was signed into law on 5/4/17.
- FY 2016 Enacted, Discretionary: $4,807,589,000
- FY 2017 Enacted, Discretionary: $5,039,886,000
- FY 2017 Increase: $232,297,000 (+4.8%):
  - Prescription Drug Monitoring +$1,000,000
  - Domestic Violence Prevention +$4,000,000
  - Emergency Accreditation +$27,000,000
  - Gen-I SASP +6,500,000
  - Behavioral Health Integration +$6,946,000
  - Zero Suicide +$3,600,000
  - Pilot Project Youth +$1,800,000
  - Alcohol Detox +$2,000,000
  - Urban Health +$1,137,000
  - Indian Health Professions +$500,000

IHS Appropriations

- FY 2017 IHS Enacted (Discretionary): $5,039,886,000
- FY 2017 Increase for Preventive Health: **+$10.3 million**
  - Public Health Nursing +$5.4 million
  - Health Education +$1.3 million
  - Community Health Reps +$3.5 million
  - AK Immunization Program +$112,000
- FY 2018 IHS Proposed Budget (Discretionary): $6,091,368,000

  (Note: +16% for Clinical Services, -59% for Facilities)
- FY 2018 Increase for Preventive Health: **+$1.2 million**
  - Public Health Nursing +$1.02 million
  - Health Education +$93,000
  - Community Health Reps +$112,000
  - AK Immunization Program +$4,000

IHS Appropriations

- If Congress, approves the IHS Budget Request, as is, the FY 2018 increase for the Community Health Representatives line item is **+$112,000**.
- The following amounts would be available:
  - Navajo Area **+$13,000**
  - Phoenix Area **+$11,000**
  - Tucson Area **+$4,000**
- The House of Representatives has not yet acted on H.R. 3354, the Interior and Environment Appropriations bill. House Report 115-238 accompanies the bill and provides guidance on the use of the funds. It states, *"Tribal contract and grant funding is deemed obligated at the time of grant or contract award and remains available until expended."*

Thank you!

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