



# Any Version of Repeal Harms Alaska Natives

Any bill to repeal the Affordable Care Act (ACA) and cut the Medicaid program would cause immediate and critical problems for American Indian and Alaska Native peoples. Repeal would take funding away from federally recognized tribes and Tribal health organizations that now provide comprehensive health services in Alaska.

Repeal would take away private insurance and Medicaid from many American Indian and Alaska Native peoples who rely on this coverage for services that Tribal health organizations do not cover, such as certain specialists and vision services.

The trust relationship between the federal government and tribes requires the federal government to provide a number of services and benefits to tribal citizens based on their status as Indian people, including health care. Congress fulfills this commitment, in part, by providing funds for health care for American Indian

and Alaska Native peoples through legislation such as the Snyder Act of 1921 and the U.S. Indian Health Care Improvement Act of (IHCA) of 1976, which was made permanent by the ACA. Repeal will negatively impact the trust relationship between the federal government and tribes by reducing tribal health care funding through the IHS, Medicaid, and the ACA.

## **Alaskans will lose Medicaid benefits and see cuts in Medicaid services**

Alaska Native peoples comprise about 40 percent of those covered by Medicaid in Alaska.<sup>1</sup> Beneficiaries can use their coverage to pay for services provided by the Indian Health Service (IHS), Tribal Health Providers, or other providers who participate in Medicaid.

Individuals with monthly income up to \$1,732 or couples with monthly income up to \$2,586 may enroll in Medicaid under the Medicaid expansion that started in Alaska in 2015.<sup>4</sup>

- » All proposed repeal bills effectively end the expansion of Medicaid to adults. Under the ACA, Alaska has expanded Medicaid to cover 30,000 more adults.<sup>2</sup> In total, 51,000 more Alaskans have enrolled in Medicaid and CHIP since Congress enacted the Affordable Care Act.<sup>3</sup>
- » Medicaid funding will be gutted under the bills being considered by Congress. These cuts will fall heavily on seniors, children, and people with disabilities. Among other things, Medicaid can pay for travel to IHS facilities such as the Alaska Native Medical Center (ANMC).<sup>5</sup> For many rural communities without health infrastructure, travel funding is significantly important.
- » A provision of the bills being considered harms by denying payment for services received before a person had a chance to apply for Medicaid. Now, people can get three months of retroactive Medicaid coverage when they enroll, which allows the Tribal provider to bill back for services they have provided. Both the House and the Senate repeal bills eliminate this retroactive period.
- » As ANMC's Guide to Services explains, "Every time you visit ANMC and use your insurance, Medicare, Medicaid, or Denali KidCare benefits, you are helping to strengthen the Alaska Tribal Health System."<sup>6</sup>

## **If the Affordable Care Act is repealed, Alaska Native peoples may no longer be able to enroll in private plans without cost-sharing through the marketplace or through the Tribally-Sponsored Health Insurance Program (TSHIP)**

- » Currently, individuals and families who don't qualify for Medicaid and have income below 400 percent of the federal poverty level (\$121,520 for a family of four in Alaska) can buy private coverage through the marketplace or through TSHIP and get financial assistance from the federal government that lowers their monthly premiums. Alaska Native peoples using TSHIP, and those with incomes up to 300 percent of the federal poverty level (\$91,140 for a family of four) in any marketplace plans, do not have to pay deductibles, copayments, or any other cost sharing when they use their plans to see either a private provider or a tribal provider. With incomes above these amounts, Alaska Native peoples can still use marketplace plans to pay a tribal provider and will not be charged cost sharing.

“ Comprehensive health care for Alaska Natives has long been one of our top priorities. We strongly supported the creation of the Affordable Care Act because it expanded Medicaid for Alaskans. Forty percent of Alaskans covered in Medicaid are Alaska Native, so repealing the ACA would be particularly harmful to the Native community. ”

—Julie Kitka, AFN President

- » Private coverage and TSHIP coverage enables Alaska Native peoples to more easily access specialty services and important lifesaving diagnostic services, such as colonoscopies.<sup>7</sup> Health coverage is especially important to Alaska Native peoples who don't live near a tribal health facility, are traveling, or have children going to school out of state.

### **Tribal health programs will receive less federal funding**

- » About 40 percent of Medicaid expenditures in Alaska are on behalf of Alaska Native peoples.<sup>8</sup>
- » Under the Affordable Care Act, tribes, Indian health programs and urban Indian health programs can bill Medicaid, DenaliKidCare, and private insurance for services that they provide. This adds to the funding that they get through IHS grants. Cuts to Medicaid and to marketplace coverage programs will drastically reduce the amount of money that tribal programs have to care for Native people.

## Endnotes

<sup>1</sup> Alaska Department of Health and Social Services, Tribal Health, “Medicaid and Alaska Natives,” accessed March 14, 2017 at <http://dhss.alaska.gov/Commissioner/Pages/TribalHealth/medicaid.aspx>.

<sup>2</sup> Alaska Department of Health and Social Services, “Medicaid in Alaska, February 28, 2017 Report Month,” accessed March 14, 2017 at <http://dhss.alaska.gov/HealthyAlaska/Pages/dashboard.aspx>.

<sup>3</sup> US Department of Health and Human Services, Center for Medicare and Medicaid Services, “Enrollment in Alaska: Medicaid and CHIP Enrollment as of December 2016,” <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=alaska>, accessed March 14, 2017.

<sup>4</sup> Alaska Division of Public Assistance, “MAGI Medicaid Income standards, effective through 3/31/17,” [http://dpaweb.hss.state.ak.us/POLICY/PDF/Medicaid\\_standards.pdf.as.computed.to.add.in.the.5.percent.income.disregard](http://dpaweb.hss.state.ak.us/POLICY/PDF/Medicaid_standards.pdf.as.computed.to.add.in.the.5.percent.income.disregard).

<sup>5</sup> Alaska Department of Health and Social Services, “Alaska Medicaid Non-Emergency Medical Travel Program using the State Travel Office,” [http://dhss.alaska.gov/dhcs/Documents/MCAC/news\\_rec\\_bylaws\\_mcac/receipient\\_handbook\\_51806\\_mcac.pdf](http://dhss.alaska.gov/dhcs/Documents/MCAC/news_rec_bylaws_mcac/receipient_handbook_51806_mcac.pdf).

<sup>6</sup> *Guide to Services at the Alaska Native Medical Center*, accessed March 14, 2017 at [http://anmc.org/files/ANMC-Guide-to-Services-Final\\_04.10.15.pdf](http://anmc.org/files/ANMC-Guide-to-Services-Final_04.10.15.pdf).

<sup>7</sup> Donald Warne and Linda Bane Frizelle, “American Indian Health Policy: Historical Trends and Contemporary Issues,” (*Am J Public Health*. 2014 June; 104(Suppl 3): S263–267, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035886/>).

<sup>8</sup> Alaska Department of Health and Social Services, “Medicaid and Alaska Natives,” accessed March 14, 2017 at <http://dhss.alaska.gov/Commissioner/Pages/TribalHealth/medicaid.aspx>.

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