

Impact of ACA Implementation on Cancer Control in Indian Country

**Dialogue for Action
Baltimore, MD
March 20, 2014**

Donald Warne, MD, MPH

Oglala Lakota

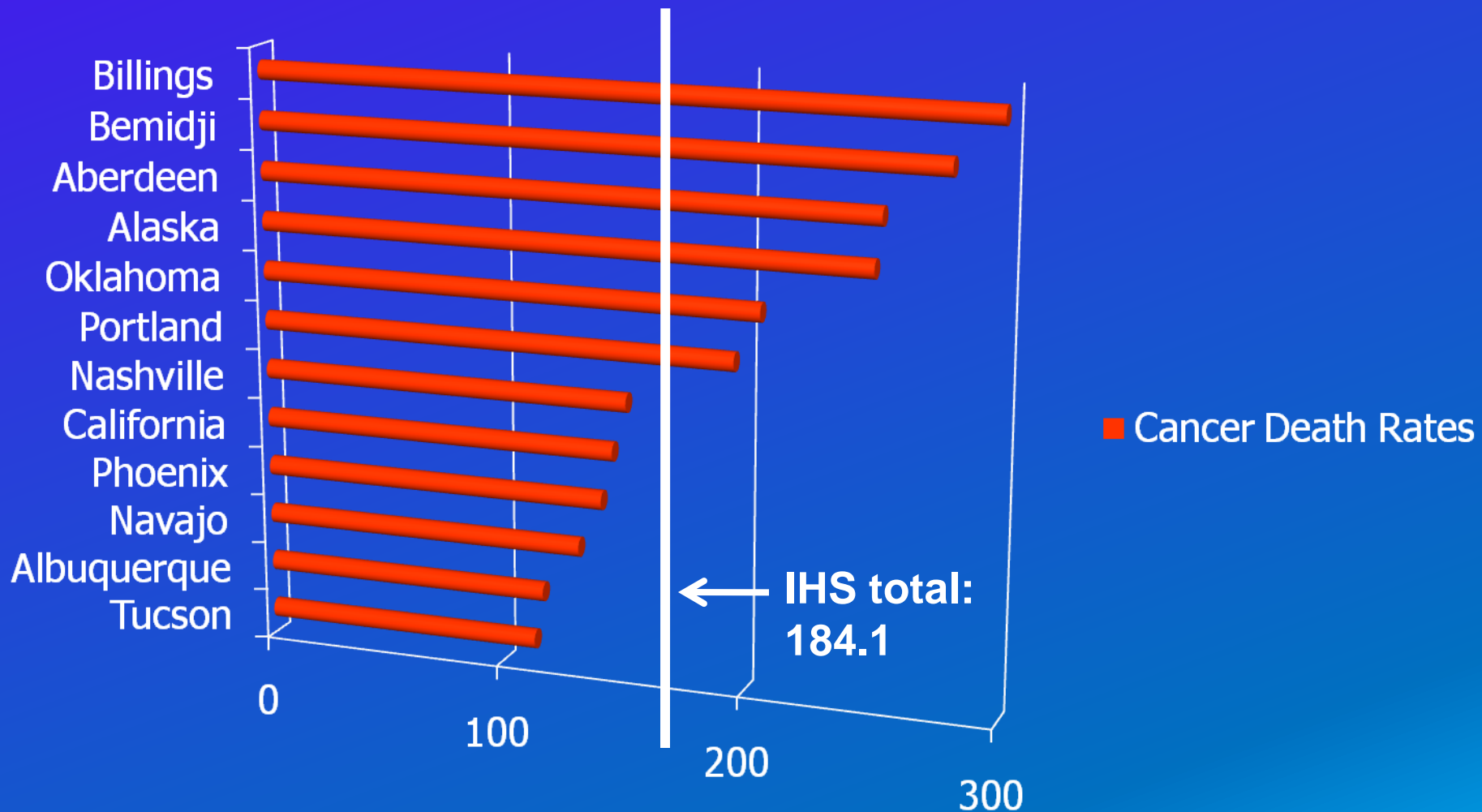
**Director, Master of Public Health Program
North Dakota State University**

The Problem

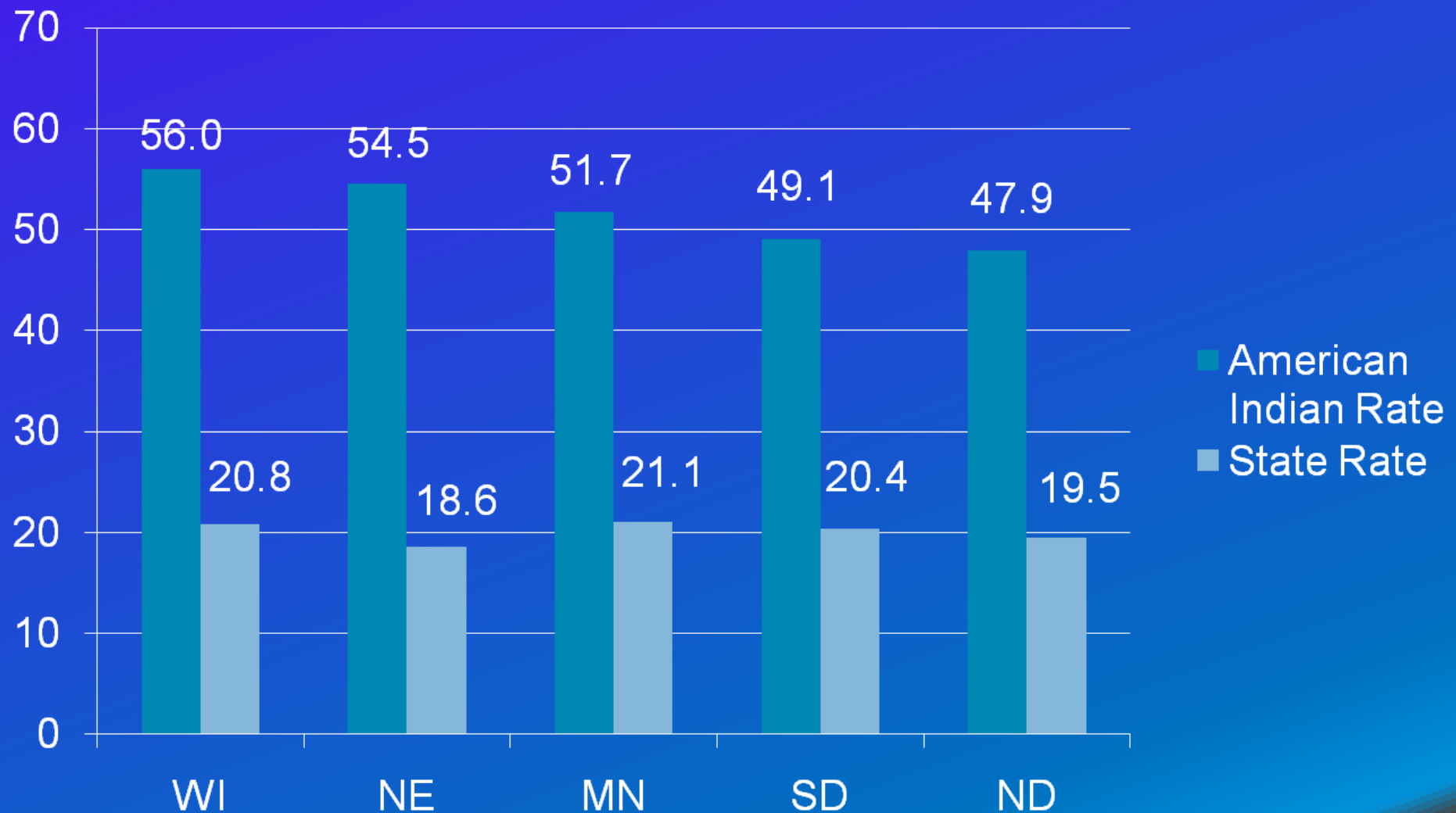
- **AI/ANs face some of the worst health disparities with significant regional differences in cancer disparities.**
- Insurance companies could discriminate against up to 129 million Americans with pre-existing conditions.
- Premiums had more than doubled over the last decade, while insurance company profits were soaring.
- Fifty million Americans were uninsured and tens of millions more were underinsured.
- **IHS does not have the resources needed to address the AI/AN cancer burden—CHS dependence.**

AI/AN Cancer Disparities

Cancer Death Rates



Smoking Disparities by State



Traditional Tobacco ≠ Commercial Tobacco

Traditional Tobacco



Commercial Tobacco



AMERICAN INDIAN HEALTH POLICY

- Do people have a legal right to healthcare in the US?
- Over \$2.5 trillion spent annually on healthcare in the US
- Over 45 million uninsured people in the US

Legal Basis for Federal Services to American Indians and Alaska Natives

- ✓ United States Constitution
- ✓ The Snyder Act of 1921
- ✓ The Transfer Act of 1954
- ✓ Indian Sanitation Facilities and Services Act of 1959
- ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
- ✓ Indian Health Care Improvement Act of 1976
- ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
- ✓ The Indian Child Protection and Family Violence Prevention Act of 1990

This is not an all-inclusive list.

TREATY WITH THE POTAWATOMI NATION, 1846.

Wichetas:

To-sa-quas, (White Tail.)
Cho-wash-ta-ha-da, (Runner.)
Kow-wah, (Shirt Tail.)
Wich-quas-is, (Contrary.)
His-si-da-wah, (Stubborn.)
Towa-karroes:
Ke-chi-ko-ra-ko, (Stubborn.)
Nes-ho-chil-lash, (Traveller.)
Na-co-ah, (Dangerfield.)
Ka-ra-ko-ris, (Deceiver.)
Ha-ke-di-ad-ah, (Gallant Man.)
Wha-cha-ash-da, (Looker-on.)
Wash-le-doi-ro-ka, (Don't you do so.)
Te-ah-kur-rah, (Lightman.)
Sar-rah-de-od-a-sa, (Straight Looker.)

Wacoos:

A-qu-a-gosh, (Short Tail.)

(To each of the names of the Indians is affixed his mark.)

Ho-hed-orah, (Long Ways over the River.)

Chos-toch-ka-a-wah, (Charger.)
Cha-to-wait, (Ghost.)

Secretaries:

Thomas J. Wilson,
Isaac H. Du Val.

Witnesses:

Robt. S. Neighbors,
Hugh Rose,
Jno. H. Rollins,
Thomas J. Smith,
E. Morehouse.

Interpreters:

Louis Sanches,
John Conner,
Jim Shaw.

TREATY WITH THE POTAWATOMI NATION, 1846.

Whereas the various bands of the Pottowautomie Indians, known as the Chippewas, Ottawas, and Pottowautomies, the Pottowautomies of the Prairie, the Pottowautomies of the Wabash, and the Pottowautomies of Indiana, have, subsequent to the year 1828, entered into separate and distinct treaties with the United States, by which they have been separated and located in different countries, and difficulties have arisen as to the proper distribution of the stipulations under various treaties, and being the same people by kindred, by feeling, and by language, and having, in former periods, lived on and owned their lands in common; and being desirous to unite in one common country, and again become one people, and receive their annuities and other benefits in common, and to abolish all minor distinctions of bands by which they have heretofore been divided, and are anxious to be known only as the Pottowautomie Nation, thereby reinstating the national character; and

Whereas the United States are also anxious to restore and concentrate said tribes to a state so desirable and necessary for the happiness of their people, as well as to enable the Government to arrange and manage its intercourse with them:

Now, therefore, the United States and the said Indians do hereby agree that said people shall hereafter be known as a nation, to be called the Pottowautomie Nation; and to the following

Articles of a treaty made and concluded at the Agency on the Missouri River, near Council Bluffs, on the fifth day of June, and at Pottowatomie Creek, near the Osage River, south and west of the State of Missouri, on the seventeenth day of the same month, in the year of our Lord one thousand eight hundred and forty-six, between T. P. Andrews, Thomas H. Harvey, and Gideon C. Mallock, commissioners on the part of the United States, on the one part, and the various bands of the Pottowautomie, Chippewas, and Ottawas Indians on the other part:

ARTICLE 1. It is solemnly agreed that the peace and friendship which so happily exist between the people of the United States and the Pottowautomie Indians shall continue forever; the said tribes of Indians giving assurance, hereby, of fidelity and friendship to the Government and people of the United States; and the United States giving, at the same time, promise of all proper care and parental protection.

June 5 and 17, 1846.

9 Stat. 852.
Ratified, July 1846.
Proclaimed, July 1846.

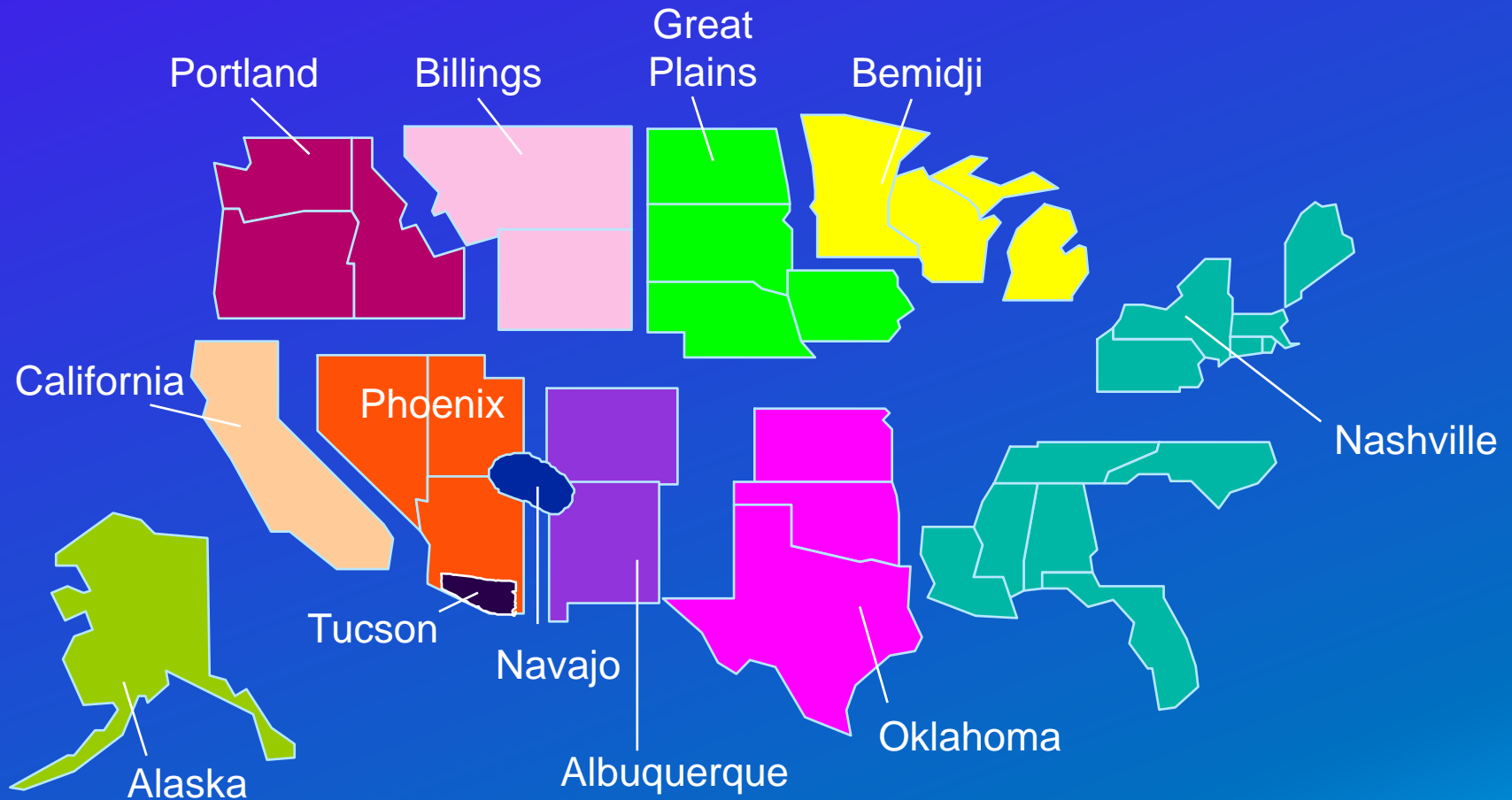
Preamble.

Peace and friendship to continue forever.

INDIAN HEALTH SERVICE

- The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people (*Cancer Services?*)
- Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people

IHS Areas



Indian Health System 1955-1975



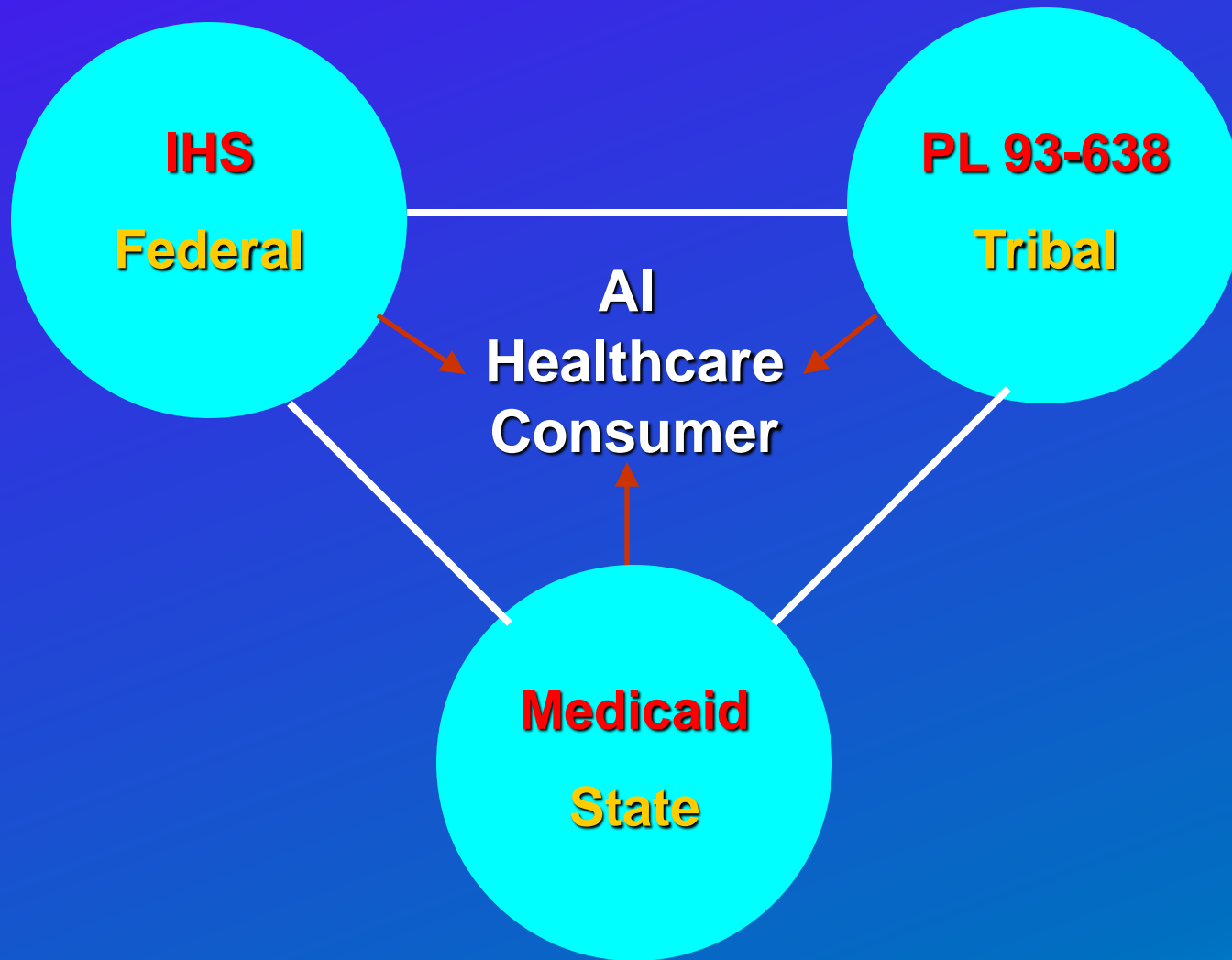
IHS

Federal

Indian Health System 1975-1985



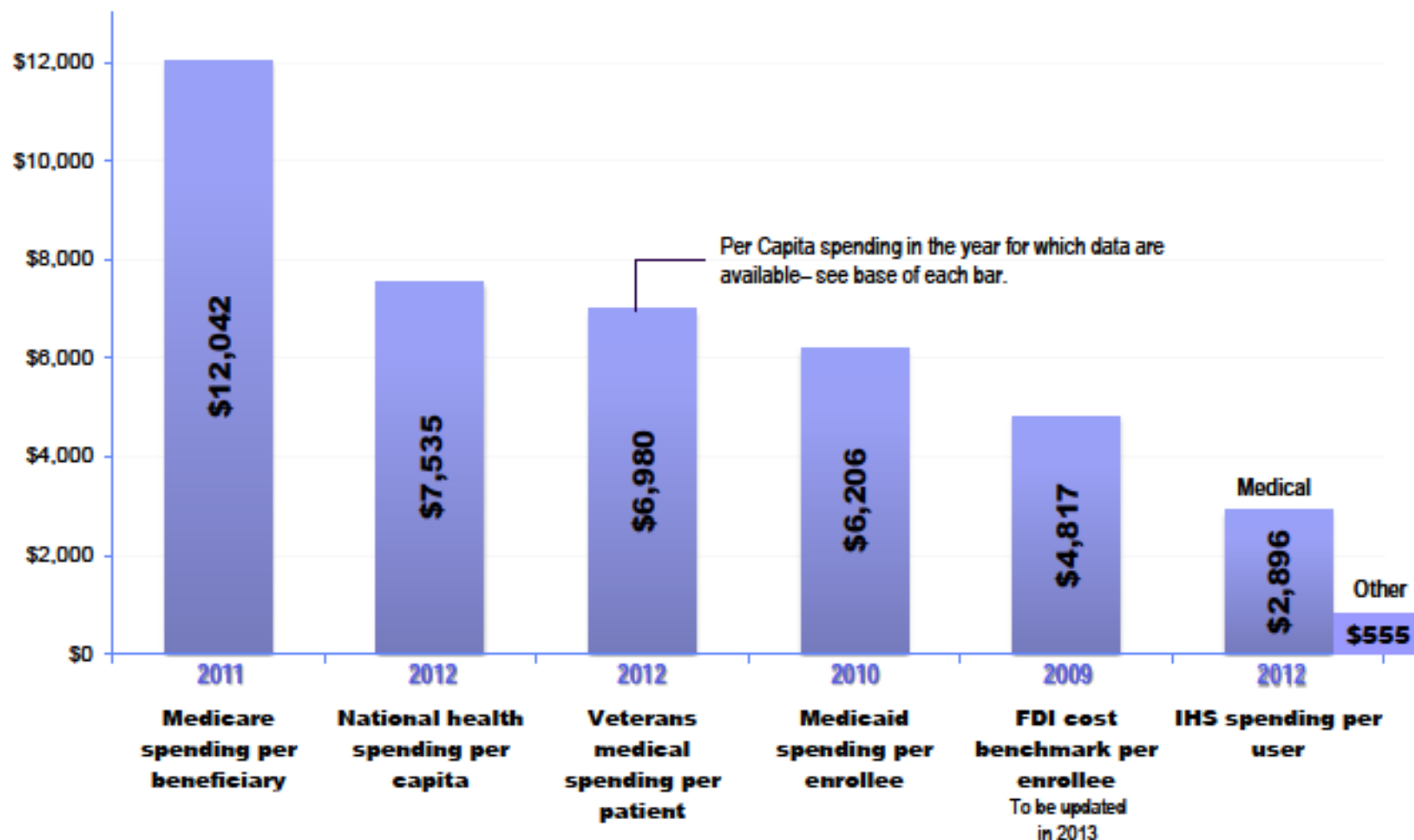
Indian Health System



Health Sector



2012 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



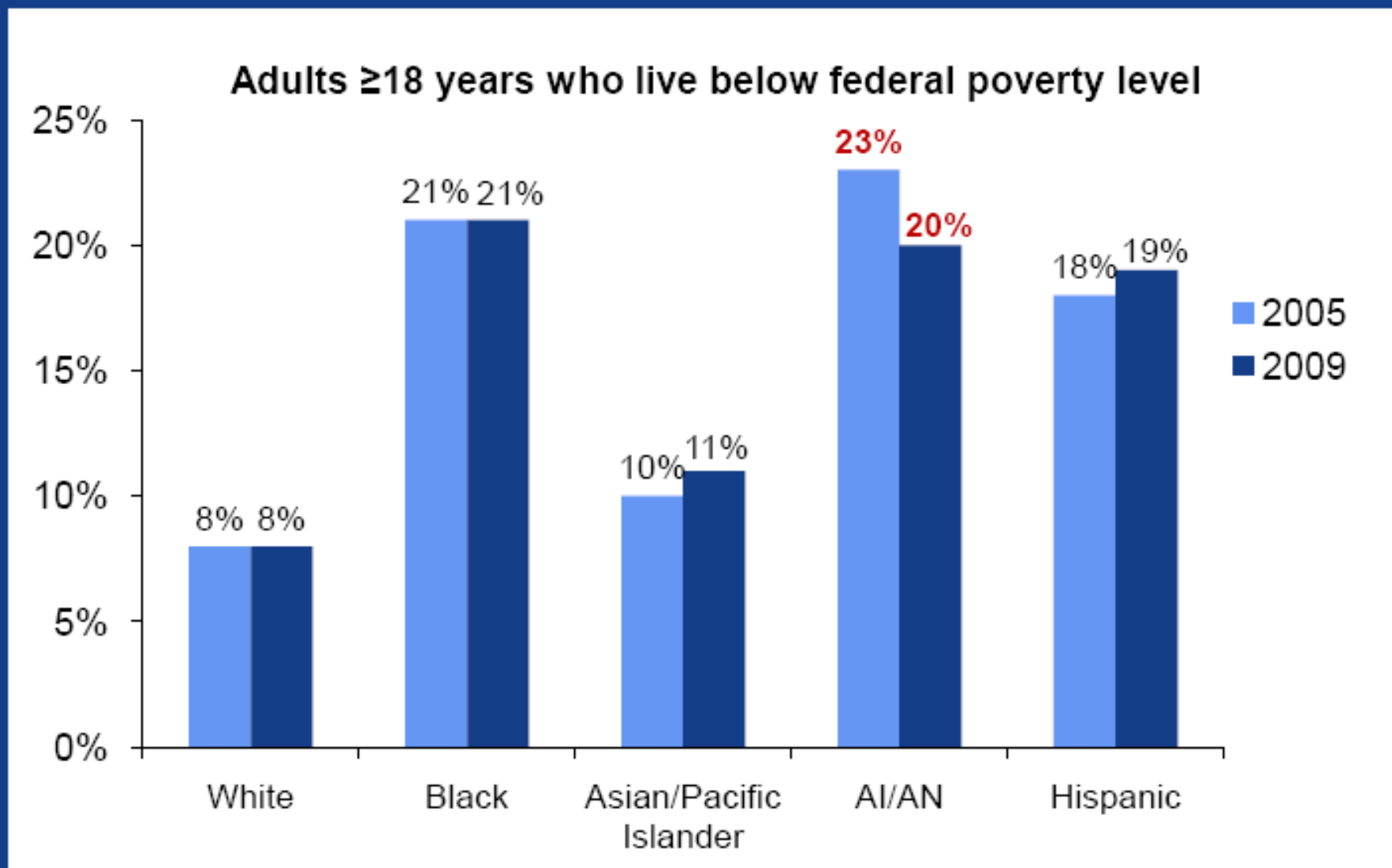
See page 2 notes on reverse for data sources and extrapolation assumptions.

1/8/2013

Eleven Titles: the Architecture of ACA

- I. Affordable and Available Coverage
- II. Medicaid and CHIP**
- III. Delivery System Reform – Medicare plus
- IV. Prevention and Wellness
- V. Workforce Initiatives
- VI. Fraud, Abuse and Transparency
- VII. Pathway for Biological Similar
- VIII. CLASS – Community Living Assistance Services & Supports
- IX. Revenue Measures
- X. Harry Reid's Manager's Amendment
- XI. Indian Health Care Improvement Act**

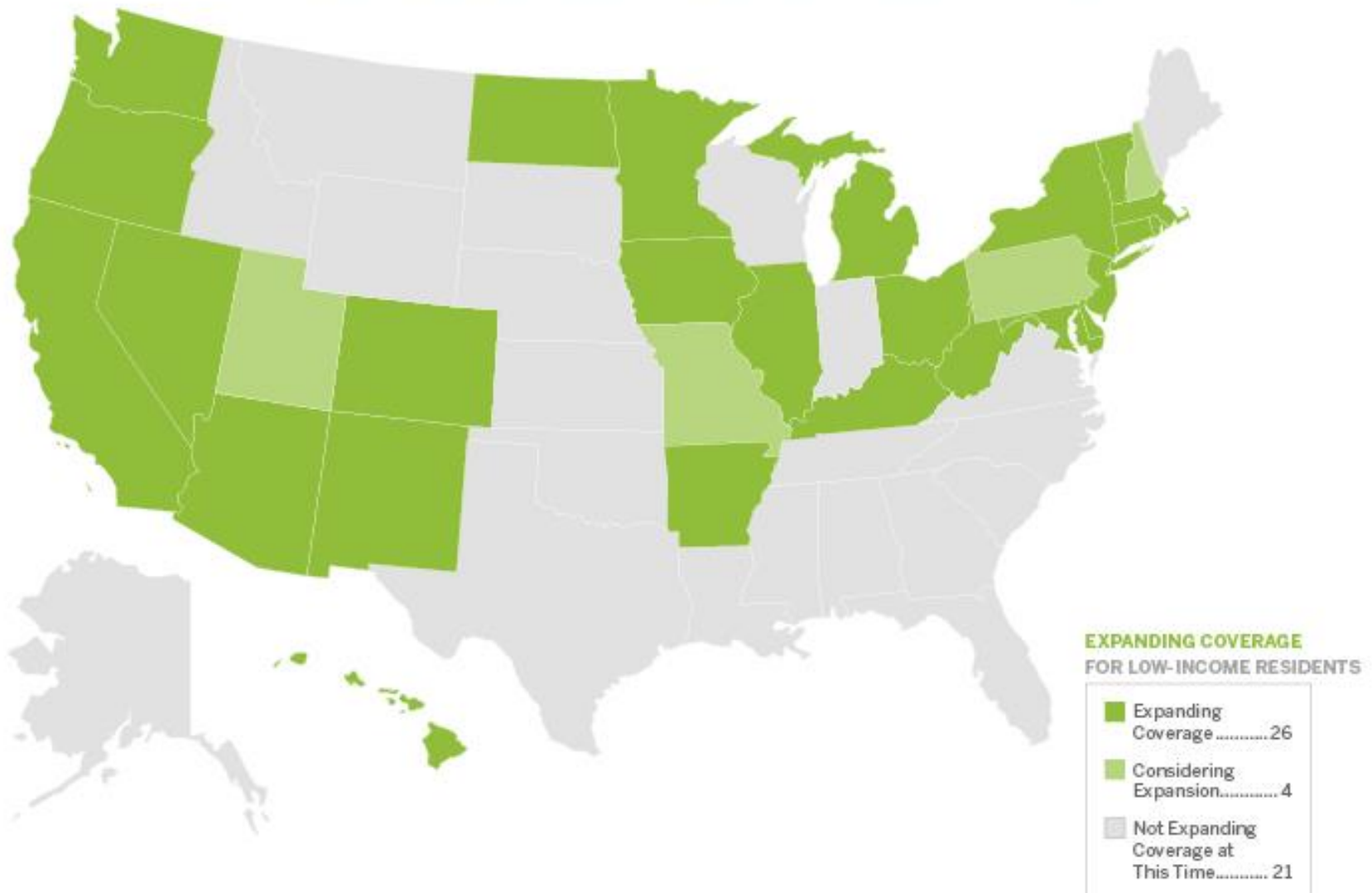
2.5 times as many AI/ANs as whites live below poverty level



Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60

Where the **States** Stand on Medicaid Expansion

25 states, DC, Expanding Medicaid—February 7, 2014



Notes: Based on literature review as of 2/7/14. All policies subject to change without notice.

HHS has announced that states can obtain a waiver to use federal funds to shift Medicaid-eligible residents into private health plans.

The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.

The Affordable Care Act benefits American Indians and Alaska Natives



- 1. Permanent Reauthorization of the Indian Health Care Improvement Act**
- 2. Strengthening the Indian Health Service**
Expanded authority, Workforce, 3rd Party Revenue
- 3. Greater Access to Health Insurance Coverage, including Medicaid**

Contract Health Services

Historically, CHS dollars ran out too soon.

“Don’t get sick after June”



Now, with additional options for health insurance, more contract health dollars will be available to meet the health care needs of Indian Country.

CHS Medical Priorities

- **Level I** —Emergent/Acutely Urgent Care Services
- **Level II** —Acute Primary and Preventative Care Services
(including cancer screening)
- **Level III** —Chronic Primary and Secondary Care Services
- **Level IV** —Chronic Tertiary Care Services
- **Level V** —Excluded Care Services

The Law Increases Your Access to Affordable Care

Insurance companies must now pay the cost of many preventive services:

- ✓ ☐ Cancer screenings such as *mammograms & colonoscopies*
- ✓ ☐ Vaccinations such as flu, mumps & measles
- ✓ ☐ Blood pressure screening
- ✓ ☐ Cholesterol screening
- ✓ ☐ *Tobacco cessation* counseling and interventions
- ✓ ☐ Birth control
- ✓ ☐ Depression screening
- ✓ ☐ And more...

Visit www.healthcare.gov/prevention for a full list.



Tribal Sponsorship

- Tribes can purchase on behalf of Tribal members
- They will have to work directly with plans
- Tribes can decide which plan they wish to sponsor

Why would Tribes or Native Americans choose to participate in Exchange?

- Save CHS Dollars
- I/T/U's can bill and collect
- Offers Individuals Options—no longer dependent on CHS

New Opportunities to Consider

Traditional
Medicaid

30%



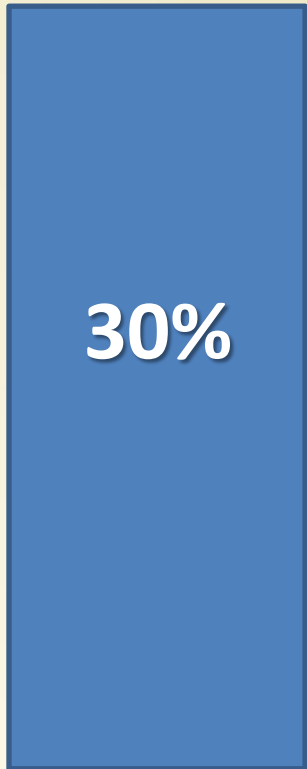
Private
Insurance/
Medicare

10%

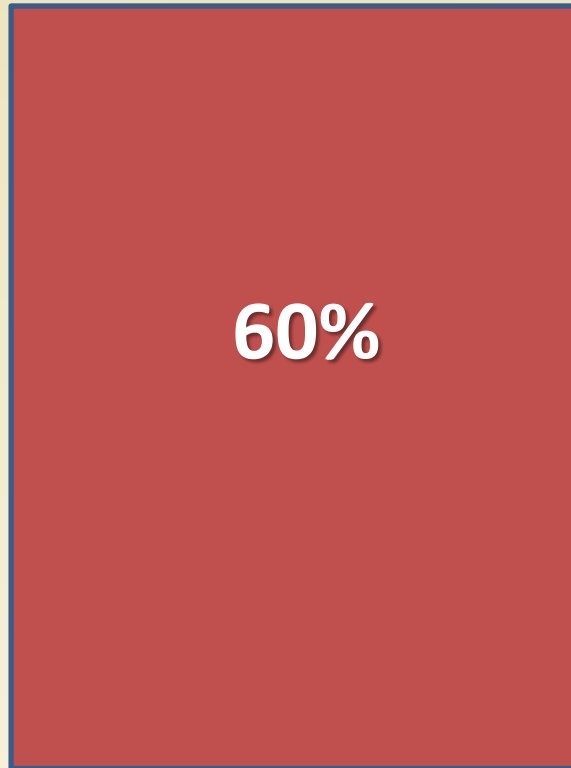


New Opportunities to Consider

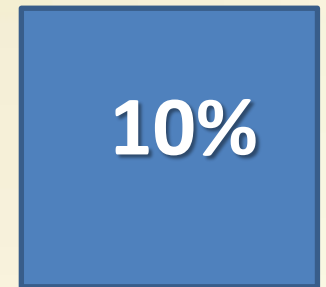
Traditional
Medicaid



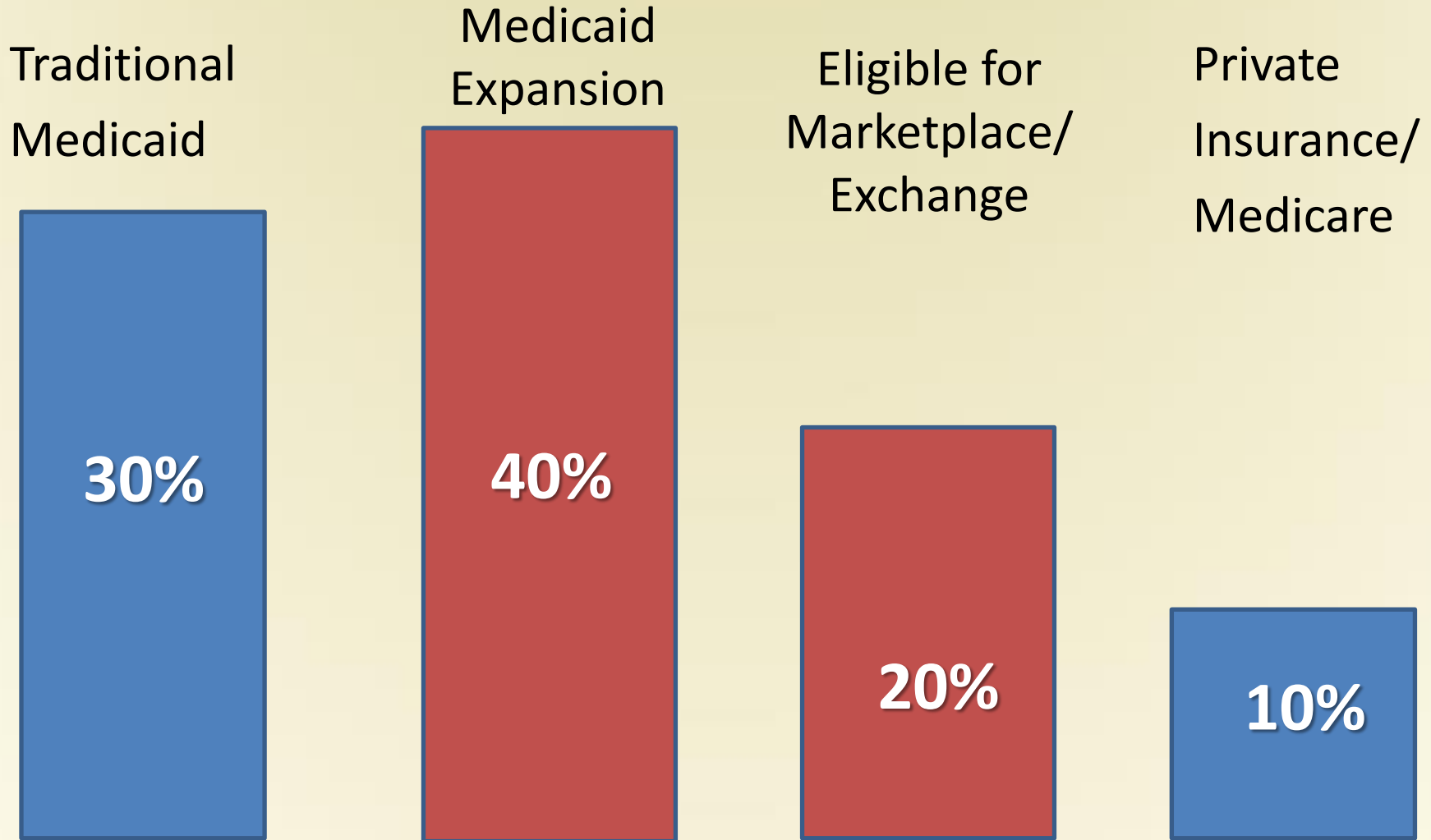
Uninsured, CHS-
dependent



Private
Insurance/
Medicare



New Opportunities to Consider



New Opportunities to Consider

Traditional
Medicaid

Medicaid
Expansion

Eligible for
Marketplace/
Exchange

Private
Insurance/
Medicare

Can a Tribe pay cost-sharing for
Tribal Member?



20%

New Opportunities to Consider

Traditional
Medicaid

Medicaid
Expansion

Eligible for
Marketplace/
Exchange

Private
Insurance/
Medicare

Can a Tribe pay cost-sharing for
Tribal Member?

Yes!



20%

New Opportunities to Consider

Traditional
Medicaid

Medicaid
Expansion

Eligible for
Marketplace/
Exchange

Private
Insurance/
Medicare

Can a Tribe pay cost-sharing for
Tribal Member?

Yes!

Can a Tribe use 638 CHS funds to
Pay for cost-sharing?



20%

New Opportunities to Consider

Traditional
Medicaid

Medicaid
Expansion

Eligible for
Marketplace/
Exchange

Private
Insurance/
Medicare

Can a Tribe pay cost-sharing for
Tribal Member?

Yes!

Can a Tribe use 638 CHS funds to
Pay for cost-sharing?

Yes!



20%

New Opportunities to Consider

Next Steps:

- Need “Feasibility Study of using 638-contracted or compacted CHS funds for Marketplace cost-sharing for tribal members”
- Establish evidence-based / best practices
- May *eliminate* the need for CHS in some tribes!
- Significantly increase access to cancer control services