TITLE: Urging Expansion of Authorization for Contract Health Service Programs to Pay No More than Medicare-Like Rates for All Referred Services

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the Indian Health Service (IHS) provides funding annually to tribal health care facilities through the Contract Health Service (CHS) program to pay for primary and specialty health care services that are not available at tribal health facilities and must be purchased from private health care providers, including hospital care, physician services, outpatient care, laboratory, dental, radiology, pharmacy, and transportation services; and

WHEREAS, the amount of funding received by tribal health care facilities for their CHS programs dictates the amount of primary and specialty health care services these facilities can provide, and funding available for CHS programs is limited; and

WHEREAS, Section 506 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, provides authorization for CHS programs to pay no more than "Medicare-like" rates for referred services (in-patient) furnished by Medicare-participating hospitals upon the effective date of enacting regulations; and

WHEREAS, for most tribal health care facilities, only a fraction of CHS program funding is spent on inpatient hospital care, and for all other outpatient services provided through the CHS program, tribal health care facilities are currently reimbursing providers at 100% of billed services; and

WHEREAS, expanding authorization for CHS programs to pay no more than Medicare-like rates for ALL services paid for through the program would double the amount of services CHS programs could provide to its Native American patients without affecting the amount of CHS funding received from IHS; and
WHEREAS, the Department of Veterans Affairs (VA), as a United States government agency, is currently authorized to pay no more than Medicare-like rates for all contract care-like services; and

WHEREAS, IHS and tribal health care facilities should be afforded the same authority as the VA, because such facilities are considered agencies of the United States government within the meaning of 25 U.S.C. §450b(d), the Indian Self-Determination Education Assistance Act, and are therefore an extension of the federal government.

NOW THEREFORE BE IT RESOLVED, that NCAI urges all relevant agencies, including IHS, the Centers for Medicare and Medicaid (CMS), the Department of Health and Human Services (HHS), as well as Congress to take whatever administrative and legislative action necessary to immediately expand the application of Medicare-like rates to all care provided to Native American patients referred through the CHS program of the tribal governments; and

BE IT FURTHER RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2012 Annual Session of the National Congress of American Indians, held at the Sacramento Convention Center from October 21-26, 2012 in Sacramento, California, with a quorum present.

President

ATTEST:

Recording Secretary