



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians
Resolution #ANC-14-006

TITLE: Support for the Enactment of Legislation that would Expand the Medicare-Like Rate Cap to All Nonhospital Services for Purchased/Referred Care at the Indian Health Service

EXECUTIVE COMMITTEE

PRESIDENT
Brian Cladoosby
Swinomish Indian Tribal Community

FIRST VICE-PRESIDENT
Michael O. Finley
Confed. Tribes of Colville Reservation

RECORDING SECRETARY
Robert Shepherd
Sisseton Walpiston Oyate

TREASURER
Dennis Welsh
Colorado River Indian Tribes

REGIONAL VICE-PRESIDENTS

ALASKA
Jerry Isaac
Tanana Chiefs Conference

EASTERN OKLAHOMA
S. Joe Crittenden
Cherokee Nation

GREAT PLAINS
Leander McDonald
Spirit Lake Tribe

MIDWEST
Aaron Payment
Sault Ste. Marie Tribe of Chippewa Indians

NORTHEAST
Randy Noka
Narragansett Tribe

NORTHWEST
Fawn Sharp
Quinault Indian Nation

PACIFIC
Rosemary Morillo
Soboba Band of Mission Indians

ROCKY MOUNTAIN
Ivan Posey
Eastern Shoshone Tribe

SOUTHEAST
Ron Richardson
Haliwa-Saponi Indian Tribe

SOUTHERN PLAINS
Stephen Smith
Kiowa Tribe of Oklahoma

SOUTHWEST
Manuel Heart
Ute Mountain Ute Tribe

WESTERN
Arlan Melendez
Reno Sparks Indian Colony

EXECUTIVE DIRECTOR
Jacqueline Johnson Pata
Tlingit

NCAI HEADQUARTERS
1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

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 unmet health needs of American Indians and Alaska Natives are severe and the health status of American Indians and Alaska Natives is far below that of the general population of the United States, resulting in an average life expectancy for American Indians and Alaska Natives 4.2 years less than that for the U.S. all races population; and

WHEREAS, the Indian Health Service and tribal Purchased/Referred Care programs (formerly known as Contract Health Services) purchase primary and specialty care services from private health care providers when those services are not available at Indian Health Service or Tribal health facilities; and

WHEREAS, Purchased/Referred Care services are chronically underfunded with an estimated needs gap of over \$770 million; and

WHEREAS, Purchased/Referred Care services programs continue to pay full billed charges for non-hospital services, in many cases the Indian Health Service may only treat the most desperate “Life” or “Limb” cases, leading to many undesirable health outcomes for American Indians and Alaska Natives, and ultimately increasing costs to the Indian Health delivery system; and

WHEREAS, in 2003, Congress established a payment rate cap on Purchased/Referred Care to Medicare-participating hospitals which has been implemented through regulations issued in 2007; and

WHEREAS, no similar cap currently exists for nonhospital providers under the Purchased/Referred Care program; and

WHEREAS, on April 11, 2013, the Government Accountability Office (GAO) issued a report noting that capping rates for nonhospital services could result in savings of hundreds of millions of dollars and an additional 253,000 patient visits annually for the Purchased/Referred Care Program; and

WHEREAS, the same GAO report recommended that “Congress should consider imposing a cap on payments for physician and other services made through IHS’s [Purchased/Referred Care] program that is consistent with the rate paid by other federal agencies.”

NOW THEREFORE BE IT RESOLVED, that the HHS Secretary, HHS Office of Legislation, and the Indian Health Service Director pursue legislation through the A-19 legislative process to expand Medicare-Like Rates to non-hospital based services and to also support similar legislation introduced by Congress; and

BE IT FURTHER RESOLVED, that the NCAI supports the enactment of legislation that would expand the Medicare-Like Rate cap to all nonhospital services purchased through the IHS Purchased/Referred Care program; and

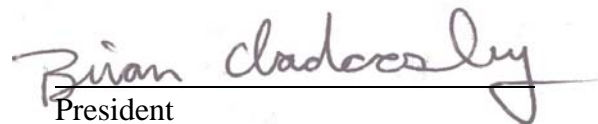
BE IT FURTHER RESOLVED, that the NCAI recommends that HHS Secretary direct the Centers for Medicare and Medicaid Services (CMS) to promulgate regulations to implement this new authority within six months of enactment of the legislation; and

BE IT FURTHER RESOLVED, that the NCAI believes that enactment of Medicare-like rates for Purchased/Referred Care should not be used to reduce any appropriation to the IHS; and

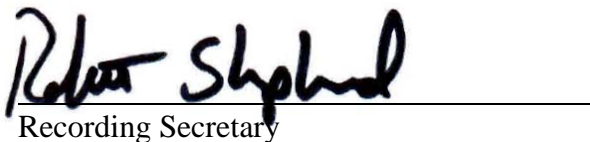
BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2014 Mid-Year Session of the National Congress of American Indians, held at the Dena'ina Civic & Convention Center, June 8-11, 2014 in Anchorage, Alaska, with a quorum present.


President

ATTEST:


Recording Secretary