

SUPPORTING VETERANS IN INDIAN COUNTRY

Key Points:

- Per capita, American Indians and Alaska Natives (AI/ANs) serve at a higher rate in the Armed Forces than any other group of Americans and have served in all of the nation's wars since the Revolutionary War.
- Congress must enact legislation that establishes a Veterans Affairs Tribal Advisory Committee.
- Congress must enact legislation that allows reimbursement for Urban Indian organizations (UIOs) by the Department of Veterans Affairs (VA).
- Congress must enact legislation that eliminates copayments for Native veterans when accessing health care through the VA.
- Congress must enact legislation that requires the VA to reimburse Indian Health Service (IHS) and Tribal Health Providers for Purchased/Referred Care (PRC).

BACKGROUND

AI/ANs have a long history of distinguished service to this country. Despite this esteemed service, AI/AN veterans have lower personal incomes, higher unemployment rates, and are more likely to lack health insurance than other veterans. The federal government's responsibility to provide quality healthcare to AI/AN veterans derives both from their service to this country and the federal government's treaty and trust obligations to AI/AN people. NCAI calls on Congress to ensure that federal policy addresses the unique needs and circumstances of AI/AN veterans and that federal agencies coordinate closely to deliver the best possible services to AI/AN veterans, regardless of whether they live in rural and remote tribal communities or in major urban areas.

TRIBAL PRIORITIES

Enact legislation that establishes a Veterans Affairs Tribal Advisory Committee (VATAC). AI/AN veterans, tribal leaders, and the Government Accountability Office have expressed the need for VA to engage with tribal stakeholders when assessing, developing, and implementing policy affecting AI/AN veterans. Establishing a VATAC will help achieve this goal. Legislation has been introduced in the House (H.R. 2791) and the Senate (S. 524) to create a VATAC that would provide vital opportunities for collaboration, communication, and coordination between the VA and tribal nations to help AI/AN veterans access the services they earned through their service to this country.

Enact legislation that allows reimbursement to UIOs by the VA. UIOs are an important part of the Indian healthcare delivery system. AI/AN veterans often prefer to use Indian healthcare providers, including UIOs, for reasons such as cultural competency, community and familial relations, and shorter wait times. However, UIOs are currently ineligible to be reimbursed for the services they provide to AI/AN veterans. Legislation has been introduced in the House (H.R. 4153) and has passed in the Senate (S. 2365) to amend the Indian Health Care Improvement Act (IHCIA) to enable the VA to reimburse UIOs for services to VA beneficiaries at urban Indian health centers.

Enact legislation that eliminates copayments for Native veterans when accessing healthcare through the VA. AI/ANs do not make co-payments for services received as IHS beneficiaries, even if the care is for a service-connected condition. However, AI/AN veterans are subject to the same copayments as other veterans when they receive care at the VA. In fiscal year 2017, approximately 30 percent of AI/AN veterans were charged copayments, averaging approximately \$281.56 per veteran. This pushes Native veterans to seek care for service-connected conditions at IHS facilities or to forego seeking healthcare services altogether. Legislation has been introduced in the House (H.R. 4908) that would prohibit the VA from collecting copayments from AI/AN veterans for hospital care or medical services.



Enact legislation that requires the VA to reimburse IHS and Tribal Health Providers for PRC. Currently, VA reimburses IHS and tribally-run healthcare facilities for costs related to direct care to AI/AN veterans within IHS and tribal facilities. Unfortunately, the VA does not reimburse either entity for the cost of services provided by the PRC program. Legislation has been introduced in the House (H.R. 6237) to amend the IHCIA to clarify that the VA and the Department of Defense are required to reimburse the IHS and tribally-run health programs for healthcare services provided to Native veterans through an authorized referral.

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