



Summary of Non IHCIA Indian Provisions in Health Insurance Reform Legislation

Tribal leaders consistently advocated for key provisions that must be included in any health insurance reform legislation that was passed by Congress. All of these provisions have been secured – to some degree – in both the House and Senate passed bills. In addition, tribes have been able to achieve additional provisions that will enhance our health care delivery system.

Key Provisions:

- Cost Sharing
 - Senate Language is preferred – Sec 1402
- Exemption from Individual Mandate Penalty
 - Senate Language is preferred – Sec 1411 & 1501
- Provider Protections
 - Senate Language is preferred – Sec 1402
- Exclusion of Health Benefits as Taxable Income
 - House Language is preferred – Sec 545

Provision	House HR 3962	Senate HR 3590	Preference
Consultation & Coordination	Sec. 243. Health Choices Administrator directed to consult with tribes and tribal organizations	-Sec 4001: Public health council to seek input from tribes and tribal orgs (among others) --Sec 5101: Consultation with tribes, among other entities, in the establishment of national health Care workforce commissions	Both – Any opportunity for tribes to be consulted should be maintained.
Cost Sharing	Sec. 304. Cost Sharing: special rule for Indians. Indians served by Indian health programs may not be charged out-of-network fees	Sec 1402: No cost-sharing may be imposed (i) on an Indian with income at or below 300% FPL enrolled in individual market Exchange plan; or (ii) on items or services furnished through Indian health provider	Senate Language
Data	Sec. 2402. Asst Sec for Health Information: Treats tribal epi centers as federal agencies for purpose of sharing health indicator data.	-Sec 3015: ihs and tribal health programs eligible entities for data collection grants -Sec 3501: ihs and tribal health programs eligible entities for technical assistance grants to patient safety research center -Sec 4302: data reported and collected shall be made available to ihs and tribal epi centers (among others) -Sec 4304: tribal epi centers eligible entities for epi capacity grant program - Sec 6402: IHS claim and payment data to be included in medicare/medicaid data repository. Data will also be shared with ihs.	Both bills require health data to be accessible to tribal epi centers, a very desirable outcome.

Provision	House HR 3962	Senate HR 3590	Preference
Eligibility Determinations for Medicaid and CHIP		-Sec 2901: adds tribes, tribal orgs and urban Indian health orgs to definition of express lane agencies authorized to make Medicaid and CHIP eligibility determinations	Senate
Enrollment of Indians in Exchange plans		-Sec. 1311: Special monthly enrollment period for Indians in Exchange plans	Senate
Health Care Workforce	<p>-Sec. 2231 placement and assignment of Corps participants to tribal health departments</p> <p>-Sec. 2232 preference in training and enhancements grant awards given to those serving a tribal government</p> <p>-Sec. 2234 tribal health departments eligible for preventative medicine and public health training grants</p> <p>-Sec. 2271 tribal governments eligible to apply for workforce assessment grants</p>	<p>- Sec 5002: definition of allied health professional modified to include employment in tribal public health agency</p> <p>-Sec 5204: tribal public health agencies are eligible entities in workforce loan repayment program.</p> <p>-Sec 5206: Tribal public health agencies eligible employment for mid-career public and allied health professionals grants</p> <p>--Sec 5507: tribes, tribal orgs and TCU's eligible entities in new demonstration grant program for education in health care occupations</p> <p>-Sec 5508: establishment of teaching health centers which include ihs, tribes, and tribal orgs</p>	Indian tribe and Indian health care providers should be included as eligible entities in all health care workforce development programs.

Provision	House HR 3962	Senate HR 3590	Preference
Health Teams		Sec 3502: Tribes and tribal orgs eligible entities for community based interdisciplinary health teams grants	Senate
Home Visitation Programs	Sec. 1904 3% set-aside for tribes.	Sec 2951: 3% set-aside for tribes	Same Indian Language, but we support higher funding levels in Senate
Improving Access to Health Care Services	Sec 2101 Increased funding for Community Health Centers (CHC), raises the appropriations limits for CHC	Sec 5601 Spending for Federally Qualified Health Centers (FQHCs) provides and increases funding for all federally qualified health centers	Senate – provides the opportunity for tribal and UIHO grandfathered FQHCs and FQHC look-a-likes to access funding for health programs under 42 USC 254b(r)
Individual Credits	Sec. 342 special rule for Indians to be eligible for credits		Senate – there is no need for House language if the Senate individual mandate penalty exemption is adopted
Individual Mandate Penalty Exemption	Sec. 501 Exemption from penalty health care service made available through Indian health providers	Sec 1411 & 1501: Exempts from Penalty members of Indian tribes	Senate language preferred as more comprehensive and more efficient to implement
Infant Mortality	Sec. 2532 tribal health departments and urban Indian orgs eligible entities for pilot program grants		House

Provision	House HR 3962	Senate HR 3590	Preference
Licensure and Certification	Sec. 325. State licensing requirements for providers in public option network will not apply to IHS facilities and providers		Use House Language if final bill contains public option
Medicare Pt B		Sec 2902: Makes permanent the authority of IHS and tribal programs to collect for all Medicare Part B services	Senate Language
Medicare Pt D	Sec. 1184 allows drugs provided by IHS, tribal, and urban Indian pharmacies to count toward "true out-of-pocket" costs	Sec 3314: allows drugs provided by IHS, tribal, and urban Indian pharmacies to count toward "true out-of-pocket" costs	Same Language; we support both
Mental Health & Substance Abuse	Sec. 2538 Preference given to Indian and AK Native populations for grants		House
Non-Discrimination	Sec. 304 Non Discrimination: Services provided by an Indian health care provider exclusively to Indians won't constitute discrimination		House Language
Obesity Prevention	Tribal health departments and tribal park and rec eligible entities		House
Older Adults		-Sec 4202: tribes eligible entities for public health community intervention and screening grants for older adults -Sec 6703: tribes, rancherias, and pueblos eligible entities for elder justice grants	Senate

Provision	House HR 3962	Senate HR 3590	Preference
Oral Health		-Sec 4102: AI/AN targeted in outreach of national oral health campaign -Sec 4102: ihs, tribal and urban Indian programs eligible entities in research based oral health grant program -Sec 4102: ihs, tribal and urban Indian programs eligible entities school-based sealant programs -Sec 5304: ihs, tribal and urban health facilities eligible entities for dental health care demonstration program	Senate
Payor of Last Resort	*	Sec 2901: tribes, tribal orgs and urban Indian health orgs will be payors of last resort	*payor of last resort language, was included in the House passed Indian Health Care bill which was included and passed with HR3200.

Provision	House HR 3962	Senate HR 3590	Preference
Prevention and Wellness	-Sec. 3151 tribal health departments eligible entities for community prevention and wellness grants -Sec. 3161 tribal health departments eligible entities for core public health infrastructure programs	-Sec 2953: 5% set-aside for tribes and tribal orgs for personal responsibility education grants (abstinence, contraception and std) -Sec 4004: ihs eligible for health promotion messaging -Sec 4108: states may enter into implementation arrangements with tribes in providing incentives for prevention of chronic diseases in Medicaid beneficiaries -Sec 4201: tribes eligible for evidence-based community preventative health grants	Support inclusion of tribes in any and all newly authorized prevention and wellness programs.
Provider Guarantees	Sec. 304 QHBP: special rule for Indian providers to ensure adequate number of Indian providers and guaranteed reimbursement	Sec 1402:: AI/ANs allowed choice of health providers – including IHS, tribes, tribal orgs, and urban health orgs.	Senate Language
School Based Health Care	Sec. 2511 sponsoring facility definition broadened to include: IHS, BIA, tribe, tribal org, Native Hawaiian, and urban Indian health program		House Language
Taxable Income Exclusion	Sec. 545 Excludes health services or benefits from being considered gross income	Sec 9021: Excludes health services or benefits from being considered gross income	House Language

Provision	House HR 3962	Senate HR 3590	Preference
Urgent Care & Trauma Centers	Sec. 2551 trauma center care program - IHS, tribal and urban trauma centers eligible entities	<ul style="list-style-type: none"> - Sec: 3504: tribes eligible entities for pilot emergency care and trauma center grants - Sec 3505: trauma center grants to ihs, tribal and urban trauma centers 	Support inclusion of tribes in any and all newly authorized urgent care and trauma center programs.