

# National Indian Health Board



## SUMMARY OF INDIAN SPECIFIC PROVISIONS

### In the Senate Finance Chairman's Mark of *America's Healthy Future Act of 2009* as amended as of October 2, 2009

Page	Item	Provision
36	Shared Responsibility – <i>Excise Tax Exemption</i>	An individual, who is an Indian, as defined in Sec. 4 of the Indian Health Care Improvement Act, is exempt from the \$750 excise tax penalty for failing to obtain insurance under the personal responsibility requirement.
77	Premiums and Cost-sharing	No cost-sharing (including premiums, deductibles, co-payments, co-insurance, etc.) for all American Indians and Alaska Natives (AI/ANs) with incomes at or below 300 percent of the Federal Poverty Level for state exchange plans and public programs.
77	Payor of Last Resort	Ensures that Indian tribes, tribal organizations and urban Indian organizations are the payors of last resort.
78	Express Lane Agency	Indian tribes, tribal organizations, and urban Indian organizations would be added to the definition of an Express Lane Agency (i.e., agencies that administer programs such as TANF, Medicaid, CHIP and the Supplemental Nutrition Assistance Program with authority to determine eligibility requirement for medical assistance under Medicaid or CHIP). Tribes would also be allowed to accept applications for state exchange plans.
78	Medicare Part B	Removes the sunset date in Medicare Prescription Drug, Improvement, and Modernization Act of 2003 which allows I/T/Us to receive payment for certain Medicare covered items and services.

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79	State Exchange	AI/ANs would be allowed a choice of providers in state exchanges, including I/T/Us.
		Authorizes monthly special enrollment periods for American Indians/Alaska Natives in state exchanges
79	Tribal Health Care Tax Treatment	Provides an exclusion from gross income for the value of specified Indian tribe health benefits provided by the IHS, tribes, tribal organizations or other parties funded by the IHS.
84 - 86	Maternal and Child Health (MCH) Block Grant	Requires 3% of \$1.5 billion for FY 2010-2014 for home visitation grants programs be set aside for services provided by tribes, tribal organizations and urban Indian organizations. There is also teen pregnancy prevention funding for tribes and tribal organizations.
132	Health Profession Workforce	Establishes a demonstration project to address needs in the health profession workforce. The demonstration grant programs would be establish through competitive grants with at least three grants required to be awarded to an Indian tribe, Tribal organization or Tribal College or University.
134	Teaching Health Centers	I/T/Us are included in the definition of qualified teaching health centers. Under this provision, Qualified teaching health centers would be eligible for payments for direct graduate medical education expenses and other indirect expenses associated with operating approved graduate medical residency training program. This amendment would also create a new grant program to establish newly accredited or expand primary care medical residency programs meeting certain criteria.
161	Protection for low income Seniors and other Medicare beneficiaries	Allows drugs provided to patients by the Indian Health Service to count toward the Medicare Part D out-of-pocket costs, allowing these individuals to qualify more quickly for Part D catastrophic benefits.