OVERVIEW OF THE

IMPACT OF MEDICAID ON HEALTH CARE

FOR AMERICAN INDIAN AND ALASKA NATIVE PEOPLE

SCAN FOR DIGITAL FLYER

American Indian and Alaska Native Health Care and Medicaid

- The federal government has a trust responsibility to provide federal health services to maintain and improve the health of American Indian and Alaska Native (AI/AN) people.[1]
- Medicaid is a joint federal-state program that provides health insurance to eligible persons, including eligible AI/AN people.
- Medicaid access for AI/AN beneficiaries is essential for the federal government's fulfillment of the trust responsibility.

Medicaid is Critical to Ensuring Health Care for American Indian and Alaska Native People

In 2023, approximately[2]:

2.7 Million AI/AN people were enrolled in Medicaid in the U.S.

24% of AI/AN adults age 18-64 were enrolled in Medicaid.

23% of AI/AN adults over 64 were enrolled in Medicaid.

49%

of AI/AN children ages 0-18 were enrolled in Medicaid.

Urban Indian Organizations Are Necessary Health Care Providers for American Indian and Alaska Native Medicaid Beneficiaries

1.9 Million AI/AN people enrolled in Medicaid in states with UIOs.[3]

59% of AI/AN people receiving care at UIOs were Medicaid beneficiaries.[4]

8 out of the top 10 states with the largest number of AI/AN Medicaid beneficiaries have UIOs[5]:

State	# AI/AN Medicaid Beneficiaries	Served by UIO
California	418432	Yes
Oklahoma	184258	Yes
Arizona	163559	Yes
Texas	137564	Yes
New Mexico	125953	Yes
New York	122967	Yes
Washington	90368	Yes
North Carolina	85683	No
Florida	75296	No
Illinois	72537	Yes

1. 25 U.S.C. § 1601(1).
2. NCUIH analysis of 2023 American Community Survey (ACS) data (1-year estimates). Includes data on AI/ANs identified as "Alone" or "In Combination."
3. NCUIH analysis of 2023 American Community Survey (ACS) data (1-year estimates). Includes data on AI/ANs identified as "Alone" or "In Combination."
4. INDIAN HEALTH SERV., NATIONAL UNIFORM DATA SYSTEM SUMMARY REPORT 2022, URBAN INDIAN ORGANIZATION, https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/2022_UIO_UDS_Summary_Report_Final.pdf.
5. NCUIH analysis of 2023 American Community Survey (ACS) data (1-year estimates). Includes data on AI/ANs identified as "Alone" or "In Combination."

MEDICAID IS CHANGING

Starting in 2027, most Medicaid enrollees will face new work requirements and more frequent eligibility checks under the One Big Beautiful Bill Act (OBBBA).

WORK
Proof of work, school, or volunteer hours for many adults

RENEWALS
6-month redeterminations for expansion adults

COST SHARING
New charges for some expansion adults

WHAT THE EXEMPTION PROTECTS

Indians, Urban Indians, California Indians, and individuals otherwise determined eligible for the Indian Health Service are exempt from these changes.[1]

- **NO WORK REQUIREMENT** No work, school, or volunteer hour requirement to keep Medicaid.[2]
- **12-MONTH RENEWAL** The current 12-month renewal cadence is retained.[3]
- **COST-SHARING PROTECTION** No new cost sharing for services at an Indian health care provider or through qualifying referred care.[4]

TAKE ACTION

PRIMARY ASK

Ensure proper implementation of the AI/AN and Urban Indian Medicaid work requirement exemption

States may not yet have sufficient information to reliably identify everyone who qualifies for the exemption before outreach occurs, creating risk of misidentification or confusing notices.

HHS and CMS should issue binding guidance so states apply the exemption automatically and implementation does not create new barriers for AI/AN and Urban Indian people.

ONGOING PRIORITY

Preserve and maintain all existing Medicaid resources for the Indian health system

Cuts to Medicaid place a heavier burden on states and can force Indian health care providers to reduce essential services. Preserving Medicaid resources is critical to ensuring AI/AN beneficiaries can access necessary care and to fulfilling the trust responsibility.

1. OBBBA § 71119(a), 42 U.S.C. § 1396a(xx). 2. OBBBA § 71119(a). 3. OBBBA § 71107. 4. ARRA § 5006, 42 U.S.C. § 1396o(j).