

OVERVIEW OF THE IMPACT OF MEDICAID ON HEALTH CARE FOR AMERICAN INDIAN AND ALASKA NATIVE PEOPLE

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, approximately²:

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

8 out of the top 10 states with the largest number of AI/AN Medicaid beneficiaries have UIOs⁵:

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

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."

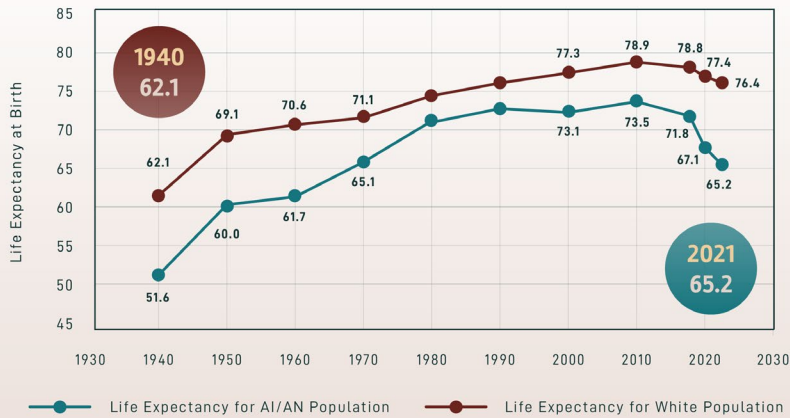
3. NCUIH analysis of 2023 American Community Survey (ACS) data (1-year estimates). Includes data on AI/ANs identified as "Alone" or "In Combination."

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."

Reality of American Indian and Alaska Native Health Today

Widening Gaps in Life Expectancy Between American Indian and Alaska Native Populations and the White Population in the United States



AI/AN Life Expectancy was Lower in 2022 than the Life Expectancy for the General Population in 1950.

AI/AN people suffer from disproportionately high rates of chronic diseases such as heart disease, diabetes, and cancer.

TAKE ACTION ► Preserve and Maintain All Existing Medicaid Resources for the Indian Health System

- ▶ Cuts to Medicaid places a heavier burden on states to fill the funding gap.
- ▶ Reduced funding requires Indian health care providers to cut essential services such as diabetes programming, cancer screenings, and community service programming that help reduce the incidence of chronic disease among AI/AN people.
- ▶ Preserving Medicaid resources to ensure AI/AN Medicaid beneficiaries are able to access and receive necessary health services is critical to fulfilling the trust responsibility.

TAKE ACTION ► Exempt all American Indian and Alaska Native Medicaid Beneficiaries from Medicaid Work Requirements

- ▶ Establishing mandatory work requirements as a condition of Medicaid eligibility would have an outsized effect on AI/AN beneficiaries.
- ▶ Medicaid work requirements do not consider the specific economic conditions and challenges faced by AI/AN beneficiaries in fulfilling these requirements.
- ▶ It is critical to ensure **all** AI/AN beneficiaries are exempt from Medicaid work requirements, including urban AI/AN beneficiaries. This is consistent with the trust responsibility and national policy set forth in the *Indian Health Care Improvement Act*.
- ▶ Ensuring urban AI/AN beneficiaries are included in this exemption is crucial to protecting the health care access of urban AI/AN people, including those who rely on UIOs for essential health care services.