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Udall Leads Day of Action to Stand Up for Health Care in Indian Country

Udall on repeal of ACA and Medicaid expansion: 'Indian Country would be hit the hardest'

WASHINGTON — Today, U.S. Senator Tom Udall, vice chairman of the Senate Committee on Indian Affairs, led a day of action to highlight the devastating consequences for Indian Country if Senate Republicans follow through on their threats to repeal the Affordable Care Act (ACA) and decimate Medicaid. Udall has heard from Tribal leaders and Native Americans in New Mexico and across Indian Country that repealing the ACA and the Medicaid expansion would devastate Native Americans' health, and would undo the progress that has been made to expand access to life-saving health care and services in Indian Country. This morning, Udall hosted a roundtable discussion to hear directly from Tribal leaders. Later in the day, Udall led Democratic members of the Indian Affairs Committee in speaking on the Senate floor to showcase how the ACA has benefitted Native communities.

Udall opened the roundtable saying that he agreed with numerous Tribal leaders who are troubled that while Republicans' plans to repeal the ACA would have sweeping implications for Indian Country, GOP leaders have not

made any attempt to consult with Tribes. “It has significant impact for Tribes, and we haven’t really done the consultation – government-to-government — that we should be doing. And so, that’s what this roundtable is all about – listening to you, opening it up, and hearing what you have to say,” Udall said.

The roundtable was attended by U.S. Senators Maria Cantwell (D-Wash.), Catherine Cortez Masto (D-Nev.), Al Franken (D-Minn.), Heidi Heitkamp (D-N.D.), and Jon Tester (D-Mont.).

For years, the unofficial motto given to the underfunded Indian Health Service (IHS) on many reservations has been “Don’t get sick after June” — a reference to how persistent underfunding has forced IHS facilities to ration care, limiting Native families to hospitals and clinics that can only provide “life and limb” emergency medical services. But Wayne Keplin, chairman of the Turtle Mountain Band of Chippewa Indians, told the senators that “Don’t get sick after June” is no longer true on his reservation, because of the ACA and Medicaid expansion — which have decreased uninsurance rates on his reservation from 53 percent to 39 percent. Several Tribal leaders said that the Medicaid expansion – which has insured an additional 287,000 Native Americans across the country and 45,600 Native Americans in New Mexico specifically – has helped fill badly needed funding gaps at IHS, drastically expanding the availability of life-saving services for Native Americans.

Daryl Candelaria, administrator of the Pueblo of San Felipe in New Mexico, said Medicaid has helped fulfill the U.S. government's trust responsibility to provide health care to Native Americans. “I don’t see Indian health care as an entitlement. We have prepaid for this service,” Candelaria said. “We’re the only population here in the United States that has done that with our natural

resources, our water, our land ... the Medicaid expansion is much needed, and critical within our communities.” Tribes like the Pueblo of San Felipe have “stepped up” to provide critical mental health services in New Mexico, Candelaria said, in part because they have been able to rely on Medicaid to reimburse the cost of providing care.

After the roundtable, Udall was joined on the Senate floor by fellow Indian Affairs Committee members Heitkamp and Franken and Senate Minority Whip Richard Durbin (D-Ill.).

Udall said that nearly 287,000 American Indians and Alaska Natives from 492 tribes – almost 90 percent — have benefited from the ACA’s Medicaid expansion, while another 30,000 individual Native Americans have private insurance thanks to the ACA’s individual marketplace and Native cost-sharing subsidies. In New Mexico alone, Medicaid expansion has insured an additional 45,600 Native Americans. Thanks to Medicaid expansion and increased access to the individual insurance market, 63 percent of IHS patients have health care coverage that allows them to receive care above and beyond the level of “life and limb.”

“These aren’t just numbers and statistics. We are talking about people’s lives,” Udall said, telling the story of Rachael, Justin, and their two young children, Adalie and Jude – a Native family from the Pueblo of Laguna near Albuquerque, whose “lives have been changed for the better under the ACA and Medicaid expansion.” Medicaid expansion gave Rachael access to preventive services like prenatal care and maternity care, helped ensure she could get health care after complications during her pregnancy with her second child, Jude, and later ensured Rachael could get her master’s degree

and get a job in her chosen field without worrying about her family's health care.

"But now, the Republican Leader and the president are moving in a ... dangerous direction. They are pushing to repeal the ACA with no replacement, which would strip health care from over 30 million Americans," Udall continued. "It would devastate anyone who is sick today, anyone who relies on the insurance they get through Medicaid expansion or the ACA. And it sets up disaster for anyone who might get sick after repeal -- because it would destabilize insurance markets -- and it would throw our economy into turmoil, killing up to 50,000 jobs in New Mexico alone.

"And, as often happens with policies that hurt the most vulnerable, Indian Country would be hit the hardest," Udall said. "Traditionally, the Senate has worked on a bipartisan basis to address Native American issues. That tradition must continue now. We must work together to find a sustainable solution so Native Americans can get affordable, quality health care when they need it."

The full text of Udall's floor speech as prepared for delivery can be found below.

Mr. President, I rise with my colleagues from the Senate Committee on Indian Affairs to remind Congress of its duty to tribes and to stand up for the health care of American Indians and Alaska Natives across Indian Country.

Most of us are aware of the health disparities facing Native communities. We have seen the news about the failings of the Indian Health Service. And many

of us have heard directly from Tribal leaders and Native constituents about the barriers to health care access on reservations, pueblos, and villages. But, the members of the Senate Committee on Indian Affairs are uniquely aware of the complex ways the tribal health care system works – and how those systems will be catastrophically disrupted by TrumpCare and repeal of the Affordable Care Act.

The United States government has a trust responsibility to provide American Indians and Alaska Natives with comprehensive quality health care. The U.S. Constitution, treaties, and long-settled legal precedents are the basis for this responsibility.

The Indian Health Service is the primary agency for fulfilling this obligation.

But our trust responsibilities do not end there – the Medicaid and Medicare Program; Planned Parenthood; and other public health services all play key roles in the delivery of Native health care. And, because IHS is so consistently and severely underfunded, the ACA has made a huge difference.

Each fiscal year, IHS receives a finite allocation of funding – discretionary funding – that it must stretch to meet the health care needs of 2.2 million Native Americans. That leaves IHS with just over \$3,500 per person – less than one-third of the national average for healthcare spending.

As a result, without additional resources, IHS is forced to ration care – limiting Native families to hospitals and clinics that can only provide “life and limb” emergency medical services. Basic preventive care like well-visits, prenatal

exams, and mammograms have frequently been unavailable to most IHS patients.

“Don’t get sick after June” – the unofficial motto given to the IHS on many reservations – has tragically become the epitaph of too many Tribal members whose cancer grew undetected, whose diabetes went untreated, and whose high-risk pregnancies went unnoticed.

Seeing this catastrophic need for health care dollars, Congress enacted a series of laws that supplement IHS resources. The Affordable Care Act is the most recent – and the now the most significant.

Nearly 287,000 American Indians and Alaska Natives from 492 tribes – almost 90 percent – have benefited from the ACA’s Medicaid expansion. Another 30,000 individual Native Americans have private insurance thanks to the ACA’s individual marketplace and Native cost-sharing subsidies. In my home state of New Mexico alone, Medicaid expansion has insured an additional 45,600 Native Americans.

Thanks to Medicaid expansion and increased access to the individual insurance market, 63 percent of IHS patients have health care coverage that allows them to receive care above and beyond the level of “life and limb.”

Because of the ACA, IHS now receives almost \$1 billion to supplement its health care delivery – an increase of 21 percent.

We can see the results. Not only are people healthier. But they are more productive.

Health insurance has allowed Native Americans to finish school, return to work, and lead productive lives – instead of worrying that their next illness would lead to an IHS referral denial or ruin them financially.

And, it has improved the economy in Indian Country. The ACA has created new health care jobs and led to the construction of new medical facilities. It has also meant dialysis clinics on New Mexico's pueblos, new hospitals for the Choctaw in Mississippi, and thousands of jobs for Montana's Blackfeet reservation. These are just a few examples of a nationwide trend.

TrumpCare would undo this progress. It will undo the newly expanded access to care. It will shut down those new health facilities. It will freeze the economic progress of those areas.

These aren't just numbers and statistics. We are talking about people's lives. Individuals will be harmed by TrumpCare and the evisceration of Medicaid.

Let me tell you about Rachael, Justin, and their two young children, Adalie and Jude. They are one Native family whose lives have been changed for the better under the ACA and Medicaid expansion. Rachael and Justin are from the Pueblo of Laguna, in New Mexico.

Here's a photo of them from when right after Jude was born, in August 2015.

Before the ACA and Medicaid expansion, Rachael received hit or miss care from IHS. But when she enrolled at the University of New Mexico, she was able to qualify for Medicaid because of the expansion. This meant that when Rachael and Justin decided to start a family, Rachael had access to

preventive services – including prenatal and maternity care. Rachael was able to get the care she needed when she became pregnant with Adalie.

Rachael's prenatal care became even more important when they decided to add to their family while Rachael was in graduate school at UNM. That pregnancy with Jude had serious complications. The doctors figured out that Rachael didn't have enough amniotic fluid to support Jude, and she had to have a C-section.

Medicaid expansion allowed Rachael to complete her college education and get her masters in public administration without worrying about health care for her and her children. Medicaid expansion meant Rachael was able to get the preventive care she needed to make sure she and Jude were healthy.

Rachael recently got a job offer to work in her chosen field. But, now that she's able to come off Medicaid, she's worried the Republican health care proposals will make insurance coverage ineffective or unaffordable. Even though she lives near her Tribe's IHS facility in the Albuquerque-area, she knows that she can't depend on IHS to guarantee critical care if insurance premiums become unaffordable.

So, once again, Rachael is worried about the future of her family's health care.

Rachael is one of thousands of Native Americans whose lives have been dramatically helped by the ACA, and who is scared that TrumpCare will leave them unable to get the health care their families need in the future.

If this bill becomes law, Tribal communities will be forced back to a system of health care rationing. If the president and Republican leadership eviscerate the Medicaid program and federal supports for public health programs, Native American lives will be lost.

Let me say this plain and simple: TrumpCare would devastate Indian country, and must be stopped.

Just this morning, as vice chair of the Indian Affairs Committee, I held a roundtable with Tribal leaders and Native health experts to hear more about how Republicans' health care proposals would impact Tribes. I want to thank to the leaders who came to talk with me and my colleagues on the committee.

Their insight into the damage this bill could do to Native communities is profound. The Turtle Mountain Chairman from North Dakota reported that "Don't get sick after June" is no longer true on his reservation because of the ACA and Medicaid expansion. Panelists warned that roll back of Medicaid would be "devastating" to Tribal members.

And a representative from the San Felipe Pueblo witness reminded us that, "Indian health is not an entitlement – it's an obligation."

But now, the Republican leader and the president are moving in an even more dangerous direction.

They are pushing to repeal the ACA – with no replacement — which would strip health care from over 30 million Americans. It would devastate anyone who is sick today, anyone who relies on the insurance they get through

Medicaid expansion or the ACA. And it sets up disaster for anyone who might get sick after repeal because it would destabilize insurance markets. And it would throw our economy into turmoil -- killing up to 50,000 jobs in New Mexico alone.

And, as often happens with policies that hurt the most vulnerable, Indian Country would be hit the hardest.

Traditionally, the Senate has worked on a bipartisan basis to address Native American issues. That tradition must continue now. We must work together to find a sustainable solution so Native Americans can get affordable, quality health care when they need it.

Mr. President, I will end by asking that a copy of all the Tribal letters on TrumpCare shared with my Indian Affairs Committee office be entered into the record.

While this small effort cannot fully replace the necessary government-to-government consultation we owe Tribes on this issue, I hope it reminds us of our federal obligations to Tribes, and to all Native Americans.

TrumpCare would turn back the clock. It would violate our trust responsibilities. And it would endanger the lives of Native families. We cannot let that happen.