

KANCARE EXPANSION WILL ENHANCE INSURANCE COVERAGE FOR NATIVE AMERICANS

Kansas has an opportunity to expand eligibility for KanCare, the state's Medicaid program, to cover nearly 150,000 additional Kansans. Taking advantage of this opportunity will greatly increase the number of Kansans with health insurance coverage, spur economic development and new jobs, provide financial stability to low-income families and enhance the viability of rural hospitals and other health care providers. Thirty-six states and the District of Columbia have expanded their Medicaid programs. **It's time for Kansas to join them.**



Native Americans who live in Kansas are far more likely to be uninsured than other Kansans. In 2015, 26.6% of Kansas Native Americans between the ages of 18 and 64 did not have health insurance, compared to 15.9% of the entire Kansas population ages 18-64 that was uninsured.* As a result, KanCare expansion will have a profound impact on Kansas Native Americans, potentially covering thousands who are currently uninsured and boosting the finances of the health care providers that treat them.

BACKGROUND

Kansas is home to nearly 60,000 individuals who identify as American Indian/Alaska Native alone or in combination with another race, representing about 2% of the state's population. Four Indian reservations are located within Kansas – the Iowa Reservation of the Iowa Tribe of Kansas and Nebraska, the Kickapoo Reservation of the Kickapoo Tribe in Kansas, the Prairie Band Potawatomi Reservation of the Prairie Band Potawatomi Nation, and the Sac and Fox Reservation of the Sac and Fox Nation. Native Americans of various tribal affiliations also reside throughout the state.

Native Americans experience significant disparities in health. As noted above, they are more likely to be uninsured than the rest of the population. In addition, Native Americans are more likely to report being in fair or poor health, being overweight or obese, and having diabetes. They are less likely to have a personal doctor and more likely to forgo health care due to cost. Native Americans are also less likely than the rest of the population to have a high school or college degree and more likely to live in poverty, factors that are key social determinants for poor health.^{1,2}

The Indian Health Service (IHS) is responsible for funding health care services to enrolled members of federally recognized Tribes through a network of hospitals and clinics managed by IHS, Tribes, or Tribal organizations.³ In Kansas, IHS-funded facilities are the Haskell Indian Health Center in Lawrence; Kickapoo Health Center in Horton; Prairie Band Potawatomi Health Center in Mayetta; and White Cloud Health Station in White Cloud. Hunter Health Clinic in Wichita also serves this population as part of the Urban Indian Health Program.⁴ IHS facilities also bill third-party payers, such as Medicare, Medicaid, and private insurance, for covered patients.⁵

In addition to IHS and Tribally operated facilities, Native Americans receive services from other public and private health care providers. In some cases, these services are paid by IHS through contract; in other cases, individuals are responsible for paying for their care through third party coverage or out-of-pocket.^{6,7}

*Data are from the U.S. Census Bureau American Community Survey for 2015, the latest year in which insurance information for the American Indian/Alaska Native population is available.

Like most federal agencies, IHS receives yearly appropriations from Congress. This funding, however, is not adequate to cover the costs of all needed care. As reported by Public Radio International, "Don't get sick after June" is a common saying in Indian Country because IHS funds often run low at that time, requiring services to be rationed until the new fiscal year begins.⁸ The Tribes themselves and third-party payers help make up for some of the funding deficit.^{9,10}

THE IMPACT OF KANCARE EXPANSION ON NATIVE AMERICANS

More than 9,400 Native American Kansans between the ages of 18 and 64 are uninsured. Income data for this population are not available from the U.S. Census Bureau. However, 37.4% of all uninsured Kansans between the ages of 18-64 have household income below 138% of the federal poverty level and would thus be eligible for KanCare expansion. Applying this same proportion to the uninsured Native American population shows that an estimated 3,500 Native Americans would be eligible for coverage if the KanCare program were expanded. It is likely that the actual number of Native Americans who would be eligible for an expanded Medicaid program is even greater, as Native Americans have lower income levels than the rest of the population.

Native Americans in states that have expanded Medicaid have experienced large gains in insurance coverage. Between 2013 and 2015, the uninsurance rate for Native Americans in expansion states fell by 8 percentage points, twice as much as in non-expansion states. As a result, only 15% of Native Americans in expansion states are uninsured, compared to 21% in non-expansion states. In addition, the proportion of Native Americans covered by Medicaid has increased in expansion states, but remained steady in states that have not expanded Medicaid.¹¹

Enhanced Medicaid coverage has proven to be critical to IHS and Tribally operated health care facilities. As the share of patients served by Medicaid has grown, Medicaid revenue to these facilities has increased. Medicaid revenue offsets IHS funding that would otherwise be used to provide services to this population, effectively expanding the capacity of IHS and Tribally-operated health care facilities.^{12,13} The executive director of the National Indian Health Board, a nonprofit advocacy agency in Washington, D.C., estimates that Medicaid expansion brings more than a billion dollars to Tribal health care systems nationwide, enhancing access to services and increasing the range of services that are offered.¹⁴

KANCARE EXPANSION WOULD PROVIDE HEALTH COVERAGE TO THOUSANDS OF CURRENTLY UNINSURED NATIVE AMERICAN KANSANS, GREATLY INCREASING ACCESS TO SERVICES AND ENABLING IHS AND TRIBAL HEALTH CARE PROVIDERS TO ENHANCE CAPACITY AND SERVICES.

CONCLUSION

Native Americans experience substantial health disparities in comparison to other Kansans. KanCare expansion would provide health coverage to thousands of currently uninsured Native American Kansans, greatly increasing access to services and enabling IHS and Tribal health care providers to enhance capacity and services. KanCare expansion is an important policy tool to improve the health and health care of Native Americans.



ALLIANCE FOR A
HEALTHY KANSAS

Sources for the data used in this report can be found at: www.expandkancare.com/resources

References

1. S. Artiga, P. Ubri, and J. Foutz. Medicaid and American Indians and Alaska Natives. Kaiser Family Foundation, September 2017.
2. K.B. Kozhimannil and C. Henning-Smith, "Missing Voices In America's Rural Health Narrative, " Health Affairs Blog, April 10, 2019.
3. Artiga et al.
4. U.S. Department of Health and Human Services, Indian Health Service, Oklahoma City Area Healthcare Facilities, <https://www.ihs.gov/oklahomacity/healthcarefacilities/>.
5. Artiga et al.
6. A. Herrera, In Indian Country, the survival of Obamacare's Medicaid expansion brings a sigh of relief, <https://www.pri.org/stories/2017-03-29/indian-country-survival-obamacares-medicaid-expansion-brings-sigh-relief>, March 29, 2017.
7. Artiga et al.
8. L. Norris, How can Native Americans get coverage under the ACA? Are there specific plan options for them? <https://www.healthinsurance.org/faqs/how-can-native-americans-get-coverage-under-the-aca-are-there-specific-plan-options-for-them/>, February 5, 2018.
9. Artiga et al.
10. Ibid.
11. Ibid.
12. Herrera.