

# Impact of Medicaid Expansion in the Flathead Community



## Access to Health Care

**1655 American Indians** on or near the Flathead Indian Reservation are enrolled in Medicaid Expansion. Tribal health recipients can access health care services at any of the seven Tribal Health facilities located in Arlee, St. Ignatius, Pablo, Ronan, Elmo, Hot Springs and Polson, or at a provider of their choice.

## Confederated Salish and Kootenai Tribal Health

The Confederated Salish and Kootenai Tribes have a compact with the federal government that allows the Tribes to design and deliver their own health care services. With Medicaid Expansion, the Tribe's Health facilities have now been able to either offer or refer for additional services such as prenatal care, mammograms, colonoscopies, hip replacements, and other essential specialty consultations and surgical procedures. This change affects all American Indian people living on or near the Flathead Reservation, not only Medicaid recipients.

## Access to Quality Health Care Services

In the Flathead Community, Medicaid Expansion allowed for:

- 1629 American Indians to receive preventive services.
- 101 American Indians to receive colonoscopies, and 35 possible cases of colon cancer to be averted.
- 100 American Indian women to receive breast cancer screening.
- 21 American Indian to be newly diagnosed and treated for diabetes, which will prevent many costly complications such as kidney failure and dialysis in the future.
- 518 American Indian adults have received outpatient mental health services.
- 258 American Indian adults are now in treatment for substance use disorders.

## Increased Revenues

Medicaid Expansion has increased revenues for the Confederated Salish and Kootenai Tribes. Over the last two state fiscal years Tribes have received an additional **\$6.8 million** dollars in **100% federal reimbursement**. This increased revenue is the means to provide additional services to individuals within the Flathead Community. Having the ability to provide preventive care services within the community is making a difference in the lives of people and supports the overall mission of a healthy membership while reducing the health disparity that exists in Montana.

## Background: Health and Healthcare Challenges for American Indians

American Indian people in Montana have substantially higher rates of illness and mortality than other Montana residents. For example:

- American Indian people in Montana die, on average, 18 years younger than other Montanans.<sup>i</sup>
- The death rate for American Indian people in Montana is far higher than other Montanans for many common illnesses, including heart disease, cancer, injuries, and diabetes.<sup>ii</sup>
- American Indian people in Montana suffer high rates of mental distress and suicide. 15% of American Indian people in Montana report frequent mental distress compared with 10% of all Montana adults. The suicide rate for American Indian people in Montana is estimated at 29 per 100,000 Montana residents, compared with 23 per 100,000 all Montanans, and 13 per 100,000 for U.S. residents.<sup>iii</sup>

American Indian people in Montana face serious barriers to receiving health care, including:

- The federal Indian Health Service (IHS) budget allows for \$4,078 per capita, compared with \$10,692 for the Veterans Health Administration, and \$13,185 for Medicare. This long-standing underfunding of health care for American Indian people makes it difficult or impossible for people to access medically-necessary health care services.<sup>iv</sup>
- Health care for American Indian people living in urban areas is even more severely underfunded, accounting for less than 1 percent of the total IHS budget.<sup>v</sup>
- Before Medicaid expansion, members could not access most medical services except basic primary care and in many cases, could not receive, for example: cancer screenings like mammograms and colonoscopies, consultation with specialists, surgeries such as hip replacements and gall bladder removals, and many others. This is because the federal IHS budget only allowed referrals for life-threatening emergencies, specifically *“emergent or acutely urgent care services that are necessary to prevent the immediate death or serious impairment of the health of the individual and if the diagnosis and treatment of injuries or medical conditions is left untreated, would result in uncertain but potential grave outcomes.”*

## About the Salish, Pend d’Oreille and Kootenai

The Flathead Indian Reservation is home to the Confederated Salish, Pend d’Oreille & Kootenai Tribes in northwest Montana. The Reservation is a part of four Montana counties which includes Lake, Sanders, Missoula, and Flathead. The Tribal Council is the governing body of the Confederated Salish and Kootenai Tribes and is responsible for exercising all powers of government under the Tribes’ Constitution and By-laws. Tribal headquarters is in Pablo, Montana.

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<sup>i</sup> 2016 Montana Vital Statistics report, Fig 8, Table D-9

<sup>ii</sup> 2017 SHIP, Figure 11

<sup>iii</sup> 2017 SHIP, Figures 42, 43

<sup>iv</sup> 2018 GAO: Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs.

<https://www.gao.gov/products/GAO-19-74R>

<sup>v</sup> <https://www.hhs.gov/about/budget/fy2017/budget-in-brief/ihs/index.html>