Testimony of
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For
"The Children's Health Insurance Program in Action: A State's Perspective of CHIP"

Before
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Good afternoon, Chairman Baucus, and members of the committee. My name is Jonathan Windy Boy. I am a Tribal member of the Chippewa Cree Tribe of Rocky Boy's Reservation and a citizen of the beautiful State of Montana. I serve as a council member for the Chippewa Cree Tribe Business Committee and I also serve as a Representative in the Montana State Legislature, House District 32. I serve as the Chairman of the Rocky Boy Health Board, the governing body for the Chippewa Cree Health Center. I represent the Montana/Wyoming Tribes on the Centers for Medicaid/Medicare Services' Tribal Technical Advisory Workgroup (TTAG) and I also serve as the chair of the Montana Wyoming Tribal Leaders Council - Subcommittee on Health. I appreciate this opportunity to address the issues of the people I represent in our fair state. I would like to thank the committee for the opportunity to testify on "The Children's Health Insurance Program in Action: A State's Perspective on CHIP".

I want to thank Senator Baucus for his recent "Honoring Promises" presentation. Before I begin this address I would like to reaffirm the foundation of those "promises" regarding Tribes and our sovereign status.

Tribal Sovereignty and American Indian/Alaska Native Health Disparities

The overarching principle of Tribal sovereignty is that Tribes are and have always been sovereign nations, Tribes pre-existed the federal Union and draw our right from our original status as sovereigns before European arrival.

The provision of health services to Tribes is a direct result of treaties and executive orders entered into between the United States and Tribes. This federal trust responsibility forms the basis of providing health care to Tribal people. This relationship has been reaffirmed by numerous court decisions, Presidential proclamations, and Congressional laws.

Given the significant health disparities that Tribal people have, funding for Indian healthcare should be given the highest priority within the federal government. Many of the diseases that Tribal people suffer from are completely preventable and/or treatable with adequate resources and funding. As the federal government develops models that aim to reduce or eliminate racial and ethnic disparities (i.e. "Closing the Gap") a balance needs to be made between the federal deficit model (comparison to All U.S. Races) and a positive development model. Otherwise health policy (and the subsequent allocation of funding toward healthcare) will be determined on the basis of Tribes being a marginalized minority and not as sovereign nations with distinct treaty rights, which have been negotiated with the ***"full faith and honor of the United States".***

Underfunding of Indian Healthcare

For some time now, the United States has not funded the true need of health services for AI/AN people. The medical inflationary rate over the past ten years has averaged 11 percent. The average increase for the IHS health services accounts over this same period has been only 4 percent. This means that IHS/Tribal/Urban Indian (I/T/U) health programs are forced to absorb the mandatory costs of inflation, population growth, and pay cost increases by cutting health care services. There simply is no other way for the I/T/U to absorb these costs. The basis for calculating inflation used by government agencies is not consistent with that used by the private sector. OMB uses an increase ranging

from 2–4 percent each year to compensate for inflation, when the medical inflationary rates range between 7-13 percent. This discrepancy has seriously diminished the purchasing power of Tribal health programs because medical salaries, pharmaceuticals, medical equipment, and facilities maintenance cost Tribes the same as they do the private sector.

In FY 1984, the IHS health services account received $777 million. In FY 1993, the budget totaled $1.5 billion. Still, thirteen years later, in FY 2006 the budget for health services is $2.7 billion, when, to keep pace with inflation and population growth, this figure should be more than $7.2 billion. This short fall has compounded year after year resulting in a chronically under-funded health system that cannot meet the needs of its people.

Access to Medicaid

The IHS budget cannot provide the health services needed thus Tribes must depend upon alternative resources, such as, Medicaid for critically needed healthcare for our people. Understanding this, accessing Medicaid is an important health issue.

The barriers to accessing Medicaid have been identified by Tribes through out the years. Though there has been some positive movement, many of those identified barriers still remain. The most critical of those identified is the application and eligibility determination process. This is the first gate and if a Tribal member cannot get through the first gate – access to needed healthcare is denied. The application and eligibility determination barriers are often protocols developed to "cost contain" or manage the Medicaid budget. Unfortunately, Tribal people often cannot afford to jump through the "hoops" of a budget management protocol and the denial of access to care can be disastrous for the individual Tribal member and their family.

In FY 2004, the Chippewa Cree Tribe and the Confederated Salish & Kootenai Tribes partnered with the State of Montana and CMS/Region VIII to begin discussion on how to alleviate the barriers to accessing Medicaid for the Montana Tribes. From, this initial meeting, today, the Chippewa Cree Tribe is in final negotiations with the State of Montana to contract Medicaid Eligibility

Determination. Having the ability to assist Tribal applications by determining Medicaid eligibility on site at our Tribal healthcare center will facilitate access to care for eligible Indian users that are eligible Medicaid users. Getting access to healthcare through Medicaid to those eligible Montana citizens (whether Indian or non-Indian) as soon as possible benefits the recipient and the State of Montana. A healthy state community is one where its citizens can fully participate in education, employment and economic development.

The Children's Health Insurance Program

Montana has a healthcare crisis and the expansion of CHIP is a crucial piece of the solution. Montana has 37,000 uninsured children. How many children is that?

Montana's uninsured children could:

- Stretch 28 miles if they held hands,
- Fill 673 school buses, and
- Form 4,111 little league teams.

Montana has one of the highest rates of uninsured kids in the nation and the second lowest eligibility level for CHIP. While the uninsured rate for children nationally has remained constant, Montana's uninsured rate for kids has actually increased in the last three years (14%-16%).

This is a working class poor issue; over 90% of uninsured children in Montana come from homes where at least one parent is working full time. While employer sponsored insurance may be working in other areas, in Montana this model is failing our children.

In the last three years workers have seen an increase of 77% in the cost of their premiums for family coverage, for an average cost of $677.00/month. With Montana's median annual income being approximately $28,000.00 family insurance is unaffordable resulting in many parents being forced to drop coverage thus increasing the uninsured roles of our children.

Where is the smartest place to invest our healthcare dollars? The smartest place to invest is in preventive care and what we know is when children are uninsured they are not getting into see a doctor at the time when the care does the most good and is the least costly.

According to a recent study looking at access patterns of uninsured children, over 50% of uninsured kids had no well-child visit in the past year, 1/3 of uninsured kids had no usual source of care, 10% had not been into see a dentist, ¼ had unmet vision needs, and over a third had not been into see a doc at all.

In addition, CHIP is great for our economy. For every dollar that the state invests in CHIP we draw down four federal dollars in federal match.

Let's support children getting into see the doctor at a time when care is the most effective and the least costly, lets support working families for whom insurance is too expensive, give the public what they want while improving the health of our economy and most importantly, the health of one of our most precious resources, our children.

Emerging Diseases: Methamphetamine Abuse

"Methamphetamines is the scourge of my reservation," was a statement made by my colleague, Richard Brannan, Chairman of the Northern Arapaho Tribe of Wyoming in his testimony before the Senate Indian Affairs Committee recently. He spoke of the heartbreak of losing 2 young children in the fight against meth. He spoke of his concern that no more children are sacrificed by this epidemic. His testimony reflected the concern of every Tribe in Montana and Wyoming.

We know that to begin the foundation process to healing, we need to have the mental health resources that are available from the feds and the state. We need to have the ability to bill Medicaid for services in our alcohol and substance abuse programs in order to insure their sustainability and capacity to serve an increasing need. Without the ability to bill Medicaid, Tribes are reliant upon a rapidly decreasing Indian Health Service budget that does not meet the needs of our people.

We as Tribes know that a comprehensive approach to addressing meth is needed. For Tribes, resources and funding from the U.S. Department of Justice, Department of Health and Human Services – SAMHSA, Indian Health Service, and CMS, to name a few will be needed to effectively eliminate meth abuse. We will need to partner with the State of Montana's Department of Public Health and Human Services to access the resources designated for Tribes.

The Senator's plan for expanding CHIP so that more children will be able to access the program is to be commended. Today in a political climate where Tribes can expect budget cuts that mean less health services for their Tribes and less access to health insurance for the working class rural Montana citizens. The Senator's plan to expand CHIP is timely. With the increased meth abuse in the Nation, an epidemic that is destroying families and putting more children at risk, we will need more resources to help those children and families that are affected and cannot afford healthcare.

It will take the commitment of the Administration, the State, the citizens of Montana and the Montana Tribes to build the healthy Tribal and Montana communities where healthcare is more than a promise but a reality for every man, women and child. I thank you for this opportunity to provide testimony.