

2009 State-Tribal Leaders Summit

Issues and Proposed Solutions Regarding Indian Healthcare

The following issues and proposed solutions were identified and put in order of priority by the 2009 State-Tribal Leadership Summit Planning Committee based on input from all 22 tribes, nations and pueblos. The Committee is comprised of representatives from eight of the tribes, nations and pueblos. These will be the core issues and solutions presented to and discussed with Governor Richardson at the upcoming 2009 State-Tribal Leaders Summit on May 5, 2009.

Problem Statement: Native Americans face persistent health disparities that impact their quality of life and outcomes; despite this, the federal government continues to provide inadequate funding for Indian healthcare, limiting the services and treatments available to Native American communities. Tribal leaders felt that current Medicare and Medicaid reimbursement rates are too low and providers are unwilling to provide coverage for services. These reimbursements are critical because the Indian Health Service (IHS) relies on them for up to a third of its budget. In addition, tribal leadership identified the need to continue improving Native American access to Medicaid and Medicare, increase the number of Native American health providers in the state, and increase resources for tribal community-based health programs as ways to improve the health and wellbeing of Native American in New Mexico.

Solution #1: Direct the Human Services Department (HSD) to: increase state Medicaid and Medicare enrollment activities within tribal communities, including but not limited to outstationing ISD workers at IHS facilities and facilities used by Native American elders; review and increase Medicaid and Medicare reimbursement rates for IHS and tribal providers; and ensure that HSD consults with tribes on a government-to-government basis on any proposed changes to the Medicaid state plan or other policies and procedures that may impact tribes.

Solution #2: Direct Department of Health (DOH) and Indian Affairs Department (IAD) to support the recruitment and retention of Native American health professionals by seeking enhancements to tax and education incentives for Native American health professionals to locate on or near tribal lands and by cost-sharing with hospitals and medical providers to create internships and mentoring programs for Native American students and professionals in the medical field.

Solution #3: Create a recurring Indian-specific set-aside in the DOH for grants to tribal community-based health programs to support community-based prevention activities (e.g. case management, diabetes, Sexually Transmitted Diseases, tuberculosis prevention, and HPV).