

HOUSE JOINT MEMORIAL 43

49TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2010

INTRODUCED BY

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A JOINT MEMORIAL

ENCOURAGING THE CREATION OF A SEPARATELY ADMINISTERED NATIVE AMERICAN MEDICAID CATEGORY TO AVOID THE LOSS OF SERVICES TO PEOPLE WHOSE ENTIRE MEDICAID EXPENDITURE DOLLARS ARE MATCHED BY THE FEDERAL GOVERNMENT.

WHEREAS, on September 24, 2009, the medical assistance division of the human services department announced a series of cuts expected in medicaid budgets affecting tribes in New Mexico; and

WHEREAS, the human services department is bound by the state-tribal consultation policy announced by the governor and is required by the federal American Recovery and Reinvestment Act of 2009 to consult with federally recognized tribes on any medicaid plan amendments, waiver requests and proposals that are likely to have a direct impact on Indian health programs

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1 and Native American medicaid beneficiaries; and

2 WHEREAS, the human services department issued a state-
3 tribal consultation, collaboration and communication policy
4 that outlines the history of the State-Tribal Collaboration
5 Act, signed into law on March 19, 2009; and

6 WHEREAS, the human services department's consultation
7 policy includes review of programmatic actions and whether such
8 actions may have tribal implications; and

9 WHEREAS, the Indian health service and Public Law 93-638
10 programs are the primary health care providers for Native
11 Americans in New Mexico, and currently seventeen percent of the
12 Indian health services budget is composed of third-party
13 revenue that includes medicaid; and

14 WHEREAS, the federal government's spending for health care
15 in tribal areas is less than one-half of money spent for the
16 country's prisoners; and

17 WHEREAS, medicaid is important to the state's economic
18 recovery, and, with the temporary enhanced federal match, is
19 currently bringing in nearly four dollars (\$4.00) of federal
20 money for every one dollar (\$1.00) spent on the program; and

21 WHEREAS, in fiscal year 2007, medicaid generated three
22 billion three hundred sixty million dollars (\$3,360,000,000) in
23 economic activity in New Mexico; and

24 WHEREAS medicaid spending sustains over forty thousand
25 jobs in New Mexico, and according to the university of New

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1 Mexico's bureau of business and economic research, every one
2 hundred million dollars (\$100,000,000) cut in medicaid funds to
3 the state causes five thousand jobs to be lost; and

4 WHEREAS, the human services department issued a medicaid
5 concept paper that outlines a proposed medicaid redesign of
6 services; and

7 WHEREAS, that concept paper has an impact on tribal
8 communities, programs and individual members, but the human
9 services department has not consulted with tribal people; and

10 WHEREAS, the human services department is required to
11 consult with tribal leaders and the Indian health service so
12 that they may have systemic input into the New Mexico redesign
13 of medicaid services; and

14 WHEREAS, medicaid offers vital health care services and
15 access for eighty-three thousand four hundred two Native
16 Americans, of which fifty-five thousand two hundred fifty-two
17 are children, to people with disabilities, the elderly and low-
18 income families on and off the reservations; and

19 WHEREAS, based on data from the United States census
20 bureau, an estimated forty-three percent of the New Mexico
21 Native American population is currently enrolled in medicaid,
22 and it is estimated that approximately thirty-two percent of
23 Native Americans are uninsured; and

24 WHEREAS, in 2009, the state medicaid budget was three
25 billion four hundred million dollars (\$3,400,000,000); and

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1 WHEREAS, in 2004, the state paid less than eight percent
2 of the two hundred seventy-two million dollars (\$272,000,000)
3 for Native American medicaid recipients; and

4 WHEREAS, Native Americans, compared with all other groups
5 in New Mexico, experience an overall lower health status and
6 rank at or near the bottom of other social, educational and
7 economic indicators; and

8 WHEREAS, these statistics include a life expectancy that
9 is four years less than the overall United States population
10 and higher mortality rates involving diabetes, alcoholism,
11 cervical cancer, suicide, heart disease and tuberculosis; and

12 WHEREAS, Native Americans also experience higher rates of
13 behavioral health issues, including substance abuse; and

14 WHEREAS, the human services department has committed
15 resources to address these disparities and recognizes that a
16 community-based and culturally appropriate approach to health
17 and human services is essential to maintaining and preserving
18 Native American cultures; and

19 WHEREAS, the medicaid program lost significant funding of
20 over two hundred million dollars (\$200,000,000) when state
21 funds were taken from medicaid to help other parts of the
22 budget in 2009, and the program was temporarily sustained by
23 federal stimulus funds that will expire at the end of 2010, and
24 possibly in 2011, if extended; and

25 WHEREAS, the loss of stimulus funds would require a direct

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1 change in enrollment procedures, provider rates and services
2 impacting Native American recipients, even at the recommended
3 one hundred percent allocation; and

4 WHEREAS, medicaid is vital for on-reservation Indian
5 health service and Public Law 93-638 program customers; and

6 WHEREAS, medicaid sustains health care jobs in the Indian
7 health service; and

8 WHEREAS, in the year 2000, the per capita income on the
9 Navajo Nation, at seven thousand two hundred sixty-nine dollars
10 (\$7,269) per year, was one-third of the per capita income of
11 the rest of the United States; and

12 WHEREAS, per capita income for Native Americans averages
13 twelve thousand eight hundred ninety-three dollars (\$12,893)
14 per year; and

15 WHEREAS, the unemployment rate on the Navajo Nation has
16 nearly doubled from twenty-five and six-tenths percent in 2000
17 to fifty and one-half percent in 2007; and

18 WHEREAS, Navajo Nation President Joe Shirley has written a
19 formal request to the medical assistance division requesting
20 consideration of the Navajo Nation's opposition to
21 tribal health care cuts; and

22 WHEREAS, any cut whatsoever to medicaid expenditures for
23 the chapters of the Navajo Nation, the pueblos, the Jicarilla
24 Apache Nation and the Mescalero Apache Tribe will have a
25 significant and disparate impact on a very vulnerable system of

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1 health care delivery;

2 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
3 STATE OF NEW MEXICO that medicaid be fully funded to meet
4 enrollment needs and avoid cuts to eligibility and services;
5 and

6 BE IT FURTHER RESOLVED that the state restore funds to
7 establish the baseline of funding for the program and ensure
8 that these funds are not reduced again if the federal stimulus
9 is extended into fiscal year 2011; and

10 BE IT FURTHER RESOLVED that no major changes be made to
11 tribal health services delivery or funding absent a formal
12 tribal consultation to establish a process to develop a Native
13 American coverage program utilizing the state consultation
14 process for inclusion of tribal representatives, Indian health
15 service and tribal leaders in developing a Native American
16 coverage plan acceptable to all twenty-two tribes, nations and
17 pueblos; and

18 BE IT FURTHER RESOLVED that a program be designed to
19 establish Native Americans as their own eligibility category
20 for benefits; and

21 BT IT FURTHER RESOLVED that the legislature protect the
22 medicaid program from structural changes that would reduce
23 coverage and services and develop an approach toward medicaid
24 that is aligned with the purposes of national health care
25 reform to ensure health care coverage for low-income people;

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1 and

2 BE IT FURTHER RESOLVED that revenues be raised for
3 medicaid through options that create a more fair tax system and
4 alleviate the burden on working families and low-income New
5 Mexicans; and

6 BE IT FURTHER RESOLVED that copies of this memorial be
7 transmitted to the governor, the secretary of human services,
8 the medical assistance division of the human services
9 department, the tribal leadership for all New Mexico Indian
10 tribes, nations and pueblos and the Indian affairs department.

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