

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 and Native American medicaid beneficiaries; and

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

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

WHEREAS, the Indian health service and Public Law 93-638

programs are the primary health care providers for Native Americans in New Mexico, and currently seventeen percent of the Indian health services budget is composed of third-party revenue that includes medicaid; and

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

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

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

WHEREAS, medicaid spending sustains over forty thousand jobs in New Mexico, and according to the university of New Mexico's bureau of business and economic research, every one hundred million dollars (\$100,000,000) cut in medicaid funds to the state causes five thousand jobs to be lost; and

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

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

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

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

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

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

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

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

WHEREAS, these statistics include a life expectancy that is four years less than the overall United States population

and higher mortality rates involving diabetes, alcoholism, cervical cancer, suicide, heart disease and tuberculosis; and

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

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

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

WHEREAS, the loss of stimulus funds would require a direct change in enrollment procedures, provider rates and services impacting Native American recipients, even at the recommended one hundred percent allocation; and

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

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

WHEREAS, in the year 2000, the per capita income on the Navajo Nation, at seven thousand two hundred sixty-nine

dollars (\$7,269) per year, was one-third of the per capita income of the rest of the United States; and

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

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

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

WHEREAS, any cut whatsoever to medicaid expenditures for the chapters of the Navajo Nation, the pueblos, the Jicarilla Apache Nation and the Mescalero Apache Tribe will have a significant and disparate impact on a very vulnerable system of health care delivery;

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

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

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

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

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

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