

Medicaid Expansion HB 590

Testimony given to

Chairman Howard

And

Members of the House Health and Human Services Committee

By S. Kevin Howlett, Director

Tribal Health & Human Services

Confederated Salish and Kootenai Tribes

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Mr. Chairman, Members of the Committee,

For the record, I am Kevin Howlett, Director of Health & Human services for the Confederated Salish & Kootenai Tribes.

I appear before you today in support of Medicaid Expansion. As a Tribal Health Administrator, I feel it important that you have a full understanding of the effects of Medicaid expansion as it relates to the Native American population of this state, the positive economic impacts to communities providing services to Native American residents, and to the long-term address of the economic plight of Indian Reservations.

Let me say I do not represent any tribe other than my own, the Confederated Salish and Kootenai; but I have worked for more than thirty years in the area of health care and public policy. Those years of experience and observation form the basis of my comments today.

There has been reference made to the addition of 70,000 additional medical recipients if Montana were to approve Medicaid expansion. Those seventy thousand people are persons with real medical needs and without the personal resources to be able to buy insurance. They are the working poor, the disabled; the logger who lost his job; the farmer who suffered a stroke and had to sell the farm, the heart attack that wiped out the family

business, or a disabled child, we can go on and on. This number also includes an estimated 20,000 Native Americans who receive their medical care primarily in tribal or Indian Health clinics

A very significant point is that when care is provided to a Native American in a tribal or IHS clinic there is no cost to them; there is a 100% pass through of funds from Medicaid to the providing clinic. The Native American represents 35% of the total estimated number of new enrollees. Not only does this represent a very significant adjustment in the projected cost to the state; it represents a huge increase in the resource base of the local tribal / IHS clinic which are funded at only 50% of the level of need. When a person is eligible for Medicaid they can access primary care and address medical conditions earlier in terms of preventing very expensive and emergent situations which would likely occur if / when a condition is untreated.

This linked with a high incidence of chronic disease, particularly diabetes which requires on-going care that is both costly and personally debilitating. Let me provide you with some facts of how we at Flathead have used our Medicaid reimbursements.

We have to date (started clinics in 2002) used third party reimbursements which include Medicaid, Medicare, and private insurance to do the following:

Construct a 23,000 square foot medical clinic in Polson which includes the following services:

- Medical Clinic - 2 medical providers and support staff
- Dental Clinic-- three dentists, a pediatric dentist and support staff
- Physical Therapy - physical therapist and support staff
- Optometry - optometrist / support staff with optical dispensary
- Behavioral Health – youth therapist
- Pharmacy with 3 full time pharmacists and technicians

Arlee: constructed a small out patient clinic staffed with a full-time Nurse Practitioner and support staff

St. Ignatius: renovated old hospital into a clinic and administrative service for THHS that include:

Medical clinic with 2 providers, with support staff

Behavioral Health, 2 psychologist; Substance Abuse professionals, w/support staff

Pharmacy with 3 pharmacists with support staff

Physical Therapy with support staff

Diabetes Management

Dental with 3 full time dentists and support staff

Community Wellness in 5 communities

Plans are being finalized for the construction of a new clinic in St. Ignatius with construction to begin in the summer of 2013.

None of this would have been possible without the collections of third party resources. Prior to 2002 the tribes primarily purchased all care from the private sector. There were never enough resources to buy the care needed. Only through innovation, hard work, collections, and resolve did we find a way to provide the needed care.

Medicaid expansion will strengthen our capacity to meet the health challenges into the future.

We don't anticipate our number of persons utilizing our facilities to increase specifically; what we do anticipate is that we will be able to bill for those services and expand those services, jobs and economy as a result of those collections.

We have created forty (40) clinical positions with an additional payroll of \$2,660,000 annually. The average salary of those positions is approximately \$60,000.

Those dollars are spent in our local communities. This is done at no cost to the state. This can be the picture across the state if we can take the opportunity to participate in the most necessary program.

The full impact on health care resources spent to provide care to eligible Indians on the Flathead exceeds \$25 million per year, this included third party collections and operational

dollars of the Tribal Health Department and programs. These are dollars that are invested directly in the communities of Missoula, S. Ignatius, Ronan, Polson, Plains, Kalispell and Bigfork.

I have attached a graphic map showing the poverty rates across Montana. There are thirty-five counties in Montana that are listed as poverty areas meaning that 14% or more people live in Poverty. Those are the people who will benefit from Medicaid Expansion. This number is simply too large to ignore, to many people living below poverty level translates to a personal crisis for their families without health coverage.

I ask you to consider the opportunity to put in place a positive policy that will provide a greater access to care, strengthen the economic base of our small communities and raise the health status of those who now use the system with no coverage. In the end, someone will pay. Let's make this a win / win situation so that we can all benefit. Let's remember that the lives we are talking about are our neighbors, school children, and fellow workers.

Thank you for the opportunity to present testimony today. I would be happy to answer any questions the committee may have.

Respectfully,

S. Kevin Howlett, Director

Attachment

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