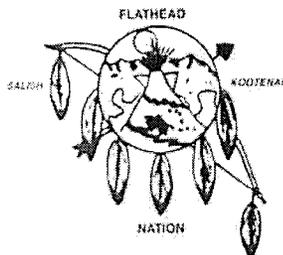




THE CONFEDERATED SALISH AND KOOTENAI TRIBES
OF THE FLATHEAD NATION

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A Confederation of the Salish,
Pend d' Oreille
and Kootenai Tribes

TRIBAL COUNCIL MEMBERS:

- Vernon S. Finley - Chairman
- Carole Lankford - Vice Chair
- James V. Matt - Secretary
- Len Twoteeth - Treasurer
- Ronald Trahan
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House Human Services
Honorable Art Wittich, Chairman
Ellie Boldman Hill, Vice Chairman
Kirk Wagoner, Vice Chairman
64th Montana State Legislature
Capital Building
Helena, Montana

February 18, 2015

RE: House Bill 455; LC 134 by request of Fred Thomas
Sponsor: Nancy Ballance
Short Title: Generally revise Medicaid laws

Dear Chairman Wittich and Committee Members:

The Confederated Salish and Kootenai Tribes rise in strong opposition to HB 455. HB 455 fails to recognize uncontroverted facts that should trouble everyone in this room. HB 455 fails to recognize the Indian population, which is rated at the bottom of every social and economic indicator available.

American Indians suffer from the highest rates of diabetes, heart disease, cancer, and other serious health conditions of any demographic group in the country. Our Indian communities across the state have a higher rate of poverty, homelessness, hunger, lack of access to credit, and lack of education than any other segment of our society.

HB 455 falls short in meeting the needs of Montanans, as it is an expansion of coverage to only a few select groups. Neither the bill, nor the program described within it, provides coverage to families or children living in poverty. In addition, HB 455 ignores the glaring disparity faced by Montana's Indian population.

Conversely, HB 249 ensures that low-income individuals and families receive necessary coverage without disproportionately burdening Montana taxpayers or increasing the costs of insurance premiums or hospital bills. Instead, HB 249 maximizes the federal contribution to Medicaid coverage and spreads the high costs of health care beyond Montana's borders.

Montana contributes significantly to the Nation's economy, supplying food, timber, oil, and other natural resources at a much higher rate than many other states with much larger populations. Why shouldn't Montana benefit from shared health care costs of our neighbors in other states where patients are not required to travel hundreds of miles for much needed medical care?

Moreover, federal contributions to health care costs are required as a matter of federal law. While many may disagree with the concept of federal subsidies for Indian health care, no one can deny that this responsibility is better shared by all Americans, rather than by only Montana's small population of taxpayers.

For Tribal Health operations, and any health clinic for that matter, the costs of any service provided to an eligible Indian can be passed through to the federal government. Hard Montana dollars will not be involved in these health care transactions. There will be no Montana subsidy or contribution of funds from the state treasury if a Tribal person seeks health care at an Indian Health Care Facility or Tribal Health Clinic. Simply put, HB 249 is a far better alternative for the taxpayers of Montana than HB 455.

The health disparities amongst Montana Indians is startling. The health status of Indians in Montana is best described in 2013 by the Montana Department of Public Health and Human Services report: The State of the State's Health. The purpose of this particular Report was to identify ways to improve the health of Montanans. The most telling comparison in this report states on page 11 that:

“White men in Montana lived 19 years longer than American Indian men and white women lived 20 years longer than American Indian women”.

Moreover, a recent study of health indices by counties in Montana showed that those counties containing Indian populations or sharing territory with Indian reservations have the poorest health in the state. It is even more troubling to consider that Montana's health rating is among the poorest in the country. The only conclusion from these exhaustive studies is that Montana's Indian communities have the poorest health in the nation.

The CSKT support expanding the Montana Medicaid program as it will cover the 70,000 uninsured Montanans, including 20,000 Native Americans. True Medicaid expansion will increase access to preventive and specialty care that is not currently available. It will provide authority for services previously not authorized, such as dialysis, long-term care and hospice.

As Gerald Gray stated in his state of the Tribal Nation's address, “Indians are the most underinsured population group in the United States”. The CSKT believe it is time for the Montana legislature to commit to a quality health care delivery system in Montana that meets the needs of the uninsured and underinsured. Indian people of this great state should not be denied quality health care. HB 455 does not meet those needs.

We recognize that government spending must be responsible. However, imposing an undue burden on Montana taxpayers by allowing the increase in insurance premiums and hospital costs of only our own citizens is not responsible. We encourage the Legislature to consider the federal obligation that exists regardless of your decision on Medicaid expansion and not turn away available federal funds that are legally required to serve Montana's indigenous population.

Sincerely,

A handwritten signature in cursive script that reads "Vernon S. Finley".

Vernon S. Finley, Tribal Chairman
Confederated Salish and Kootenai Tribes