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HOUSE JOINT MEMORIAL 75

44TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 1999

INTRODUCED BY

James Roger Madalena

A JOINT MEMORIAL

REQUESTING CONGRESS AND THE HEALTH CARE FINANCING
ADMINISTRATION TO IMPLEMENT THE NATIONAL INDIAN HEALTH BOARD
MEDICAID MANAGED CARE RECOMMENDATIONS AND PRINCIPLES FOR THE
DEVELOPMENT OF MEDICAID MANAGED CARE PROVISIONS RELATED TO
NATIVE AMERICAN CONSUMERS AND INDIAN HEALTH PROVIDERS.

WHEREAS, the goals of the federal Indian Health Care
Improvement Act and the Indian Self-Determination and
Education Assistance Act is to consult with tribes in
development of their health programs in recognition of the
sovereign status of tribes and to develop special provisions
for American Indian and Alaska native health care consumers as
well as Indian health care system providers in medicaid and
other health programs that receive federal funding; and

WHEREAS, there have been and remain cultural, geographic,

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1 financial and historic barriers to accessing health care, and
2 special health care delivery systems have been developed for
3 Native Americans; and

4 WHEREAS, pursuant to the health care financing
5 administration regulations, states are encouraged to design
6 their medicaid and other health care programs to protect and
7 enhance Indian health service facilities and services so that
8 the highest level of care that can be delivered is delivered
9 to Native American people; and

10 WHEREAS, Native American individuals who are medicaid
11 beneficiaries need to have access to their customary Indian
12 health care providers, as well as providers that are available
13 to other medicaid beneficiaries; and

14 WHEREAS, the Indian health service operates on a "fee for
15 service" basis and not on a "capitated" basis, and it has
16 become very difficult for Native Americans to receive care at
17 their local and familiar Indian health service direct service
18 facility, tribally operated health facility or urban Indian
19 health clinic; and

20 WHEREAS, medicaid should reimburse the Indian health
21 service direct service facilities, tribally operated health
22 facilities or urban Indian health clinics at a rate that
23 covers the cost of delivering services because there is little
24 or no opportunity for costs to be shifted to third party
25 payers; and

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1 WHEREAS, barriers that prevent Native Americans from
2 participating in health care services should be eliminated for
3 all health care programs receiving federal funds; and

4 WHEREAS, limited funding for health care programs demands
5 that resources be used to their maximum potential, especially
6 for direct patient care and preventative medicine, to provide
7 the greatest possible benefit to Native American individuals;
8 and

9 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
10 STATE OF NEW MEXICO that it request congress to adopt the
11 recommendations of the national Indian health board,
12 specifically the following:

13 A. that the same protections that congress
14 provided for Indian people in the federal Balanced Budget Act
15 of 1997 be provided under state waivers that limit the freedom
16 of choice for native Americans;

17 B. that federal law specify that one hundred
18 percent of the "federal medical assistance percentage" and the
19 Indian health service encounter rate for tribally operated
20 health facilities be applied to health services provided by
21 the Indian health service, tribally operated health facilities
22 and urban Indian health clinics; that the negotiated
23 rulemaking process used for Public Law 638 be used to develop
24 regulations regarding the meaning and application of the
25 encounter rate and the use of one hundred percent of the

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1 federal medical assistance percentage; and that the state role
2 in ensuring that licensing standards are met and that the
3 memorandum of agreement between the Indian health service and
4 the health care financing administration be expanded to
5 include urban Indian clinics;

6 C. that all states be required to retain a
7 mechanism that allows fee for service and federally qualified
8 health center rate payments to the Indian health service,
9 tribally operated health facilities and urban Indian health
10 clinics that includes direct payment by the state, not through
11 health plans, for medicaid services provided to Native
12 Americans and state provisions to help the Indian health
13 service, tribally operated health facilities and urban Indian
14 clinics collect payments owed by health plans contracting with
15 the state to provide medicaid services;

16 D. that states be required to pay the Indian
17 health service, tribally operated health facilities and urban
18 Indian health clinics for off-plan services provided to Indian
19 health service beneficiaries who are also medicaid
20 beneficiaries;

21 E. that an alternative be provided to the
22 federally qualified health care reimbursement that is adequate
23 to cover costs of the Indian health service, tribally operated
24 health facilities and urban Indian health clinic services for
25 Native American and non-Indian patients, maintaining the

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1 current federally qualified health care level of cost
2 reimbursement for now;

3 F. that cost-sharing be eliminated and other
4 barriers that will prevent Native American children from
5 participating in the child health insurance program and
6 medicaid;

7 G. that the health care financing administration
8 be required to institute tribal consultation in the renewal
9 assessment process and renewal application review for Section
10 1915(b) and 1115 waivers;

11 H. that the health care financing administration
12 be required explicitly to enforce its current regulations
13 regarding accessibility to ensure that Native Americans'
14 access to necessary specialty medical care is not restricted;

15 I. that the "direct billing of medicaid"
16 demonstration project be reauthorized and expanded to include
17 more tribes and approve a research and demonstration project
18 to allow tribes to directly bill the health care financing
19 administration without a state or the Indian health service
20 acting as intermediaries; and

21 J. that new funding be provided, not a
22 reallocation of current funds, to monitor and evaluate the
23 participation of tribes and Native Americans in state medicaid
24 managed care programs; and

25 BE IT FURTHER RESOLVED that copies of this memorial be

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1 transmitted to the members of the New Mexico congressional
2 delegation, the director of the health care financing
3 administration and the national Indian health board.

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1 FORTY-FOURTH LEGISLATURE
2 FIRST SESSION, 1999
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6 March 4, 1999
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8 Mr. Speaker:
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10 Your GOVERNMENT AND URBAN AFFAIRS COMMITTEE, to
11 whom has been referred
12

13 HOUSE JOINT MEMORIAL 75
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15 has had it under consideration and reports same with
16 recommendation that it DO PASS.

17 Respectfully submitted,
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21 _____
22 James G. Taylor, Chairman
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FORTY-FOURTH LEGISLATURE
FIRST SESSION, 1999

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Adopted _____ Not Adopted _____

(Chief Clerk)

(Chief Clerk)

Date _____

The roll call vote was 4 For 0 Against

Yes: 4

Excused: Saavedra, Sandel, Taylor, J. G.

Absent: None

J: \99BillSWP\hj 075

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FORTY-FOURTH LEGISLATURE
FIRST SESSION, 1999

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FORTY-FOURTH LEGISLATURE
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March 11, 1999

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Mr. President:

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Your CORPORATIONS & TRANSPORTATION COMMITTEE, to

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whom has been referred

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HOUSE JOINT MEMORIAL 75

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has had it under consideration and reports same with

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recommendation that it DO PASS.

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Respectfully submitted,

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Roman M. Maes, Chairman

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FORTY-FOURTH LEGISLATURE
FIRST SESSION, 1999

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Adopted _____ Not

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Adopted _____

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(Chief Clerk)

(Chief Clerk)

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Date _____

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The roll call vote was 6 For 0 Against

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Yes: 6

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No: 0

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Excused: Aragon, McKibben, Rawson, Robinson

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Absent: None

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