



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

For Immediate Release

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CRIHB CEO DELIVERS STATEMENT TO THE CALIFORNIA STATE ASSEMBLY

Sacramento, CA—In one of the first informational hearings held by the State Assembly this year, the Assembly Health Committee met on February 1, 2017 at the State Capitol to discuss “The Unique Health Care Needs of Rural Populations.” Committee Chair, Dr. Jim Wood (D-Healdsburg), invited representatives from state health organizations to speak on the subject, including California Rural Indian Health Board CEO, Dr. Mark LeBeau.

Dr. LeBeau spoke before the Assembly Health Committee regarding Tribal Health Programs (THPs) in California. The key issues discussed focused on the need for additional state and federal funding and other support for THPs and Tribes, and the impact of an Affordable Care Act (ACA) repeal or replace. While the federal government has a responsibility to provide funding to THPs, the clinics receive about 50% of the resources that they need from the federal Indian Health Service (IHS). The result has led to compromised care for American Indians/Alaska Natives (AI/AN). It has also led THPs to attempt to fill in financial gaps by partnering with the state in delivering health services to AI/ANs and other patients who are state citizens. Additional state resources and policy improvements are needed to minimize California AI/AN health disparities.

Some of the recommendations include:

- Reinstatement of the Indian Health Program at the California Department of Health Care Services to expand the number of behavioral health professionals that provide high quality and culturally relevant mental health services to AI/AN communities.
- Amend the Welfare and Institutions Code to enable Tribal providers to participate in the Targeted Case Management program for Medi-Cal.

If the ACA is going to be repealed or replaced, it is critically important to ensure the Indian Health Care Improvement Act and other Indian healthcare provisions linked to this law are maintained. This includes section 2901 which defines IHS as the payer of last resort, section 2902 allows IHS to collect reimbursements for certain services from Medicare Part B, and section 9021 allows members to have Tribally provided health benefits as non-taxable income. It is also important to maintain Medicaid (Medi-Cal) expansion for Tribes in California.

A recent study from UC Berkeley’s Center for Labor Research and Employment revealed significant negative consequences if the ACA is repealed without a sufficient replacement. Not only would millions of California residence lose health insurance, the state’s Gross Domestic Product would take a hit of 20.3 billion dollars, resulting in a loss of approximately 1.5 billion dollars in tax revenue.



CRIHB CEO, Dr. Mark LeBeau; Assembly Health Committee Principal Consultant, Lara Flynn; and CRIHB Health Policy Analyst, Sunny Stevenson, JD