

**New Mexico State Senate  
Health & Human Services Committee Meeting**

**Santa Fe, NM  
June 25, 2012**

**Prepared Statement for Vice President Rex Lee Jim**

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Madam Chair Senator Feldman, distinguished members of the Health and Human Services Committee of the New Mexico State Senate, fellow leaders of the New Mexico Tribes, Nations and Pueblos, Human Services Department officials, health advocates and guests, *Ya'at'ééh*. My name is Rex Lee Jim, and I am the Vice President of the Navajo Nation. It is my honor to represent the Navajo Nation and to have the opportunity to share with you the Navajo Nation formal comments on the New Mexico Human Services Department's *Section 1115 Research and Demonstration Waiver request for the Centennial Care*.

Before I summarize my comments, I will provide a quick overview of the Navajo Nation, one of the 22 New Mexico Tribes, Nations and Pueblos, to give you an idea of the scope of the challenges we face:

- the Navajo Nation is the largest federally-recognized Tribe in the United States, with a land base encompassing nearly 27,000 square miles of mostly rural and geographically remote terrain, wherein 78 percent of the roads are

unpaved and impassable during inclement weather, and which incorporate parts of 13 contiguous counties in northeast Arizona, northwest New Mexico and southeast Utah.

- The Navajo Nation extends into three Federal regions, including Region 6, Region 8, and Region 9.
- In terms of population, in 2010 over 300,000 individuals reported being Navajo. New Mexico's Native American population makes up almost 10 percent of its total state population.
- The unemployment rate is over 50 percent on the Navajo Nation—a rate that is more than 10 times higher than in New Mexico.
- In 2007, about 37 percent of Navajo individuals were living below the poverty level as compared to New Mexico at 18 percent. Due to the recent downturns in the local, state, and national economies, the current unemployment rate is undoubtedly now even higher.
- 82 percent of Navajo population speaks the Navajo language in their homes which suggests that language may be attributable to the difficulty in accessing health care services.
- The Navajo health care system comprises the Navajo Divisions of Health, Social Services and Public Safety, the Indian Health Service, 638 Tribal Organizations, and Native traditional healing. The Navajo Area Indian

Health Service, one of the 12 Area Offices within the Indian Health Service, in conjunction with several 638 Tribal Organizations located within the service area provide primary health care services to 246,000 user population with 16,000 hospital admissions and over one million outpatient visits annually.

- The Indian Health Service spends \$1,600 per person per year for health services in its hospitals and clinics which is about 50 percent below per person per expenditures by public and private health insurance plans.
- The Navajo Area I.H.S. receives Federal funding that only meet about 55% of the health care needs for the patient population it serves and provides health care services at \$1,187 per person. Due to the severe underfunding, the Indian Health Service has to rely on third party revenues to support its system.

The challenges we face are daunting:

- Overall, American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (500% higher), alcoholism (514% higher), diabetes (177% higher), unintentional injuries (140% higher), homicide (92% higher) and suicide (82% higher).
- The Navajo population experiences significant disease burden and life expectancy is 72.3 years, significantly lower than the U.S. average of 76.5

years. The mortality rate is 31 percent higher than the U.S. at large.

Accidental injuries comprise the leading cause of death on the Navajo Nation, at a rate of 11.2 percent as compared to the U.S. rate of 4.7 percent (2.5 times higher).

- Motor vehicle accidents comprise the second highest cause of death on the Navajo Nation at 6.8 percent as compared to the U.S. rate of 1.9 percent (over 3 times higher).
- The Navajo people are especially at high risk for behavioral health problems, including alcohol/substance abuse, accidents, suicide and homicide.
- According to the Indian Health Service, alcohol-related illness and death among the American Indian and Alaska Native population was 5.6 times higher than the U.S. population.
- Finally, it should also be noted that obesity and diabetes have become major health threats to American Indians and Alaska Natives, including the Navajo people.

At this time, I would like to take the opportunity to summarize the Navajo Nation comments. In preparation for development of our input for the *Centennial Care*

*Plan*, we invited the Medical Assistance Division officials to meet with us in Window Rock, AZ on March 13, 2012.

The Navajo Nation's positions regarding the *Centennial Care Plan* are:

- First and foremost, the Navajo Nation respectfully requests the State of New Mexico to **do no harm to the most vulnerable eligible population— Native American Medicaid beneficiaries.**
- The 1115 Waiver request proposes to mandatorily enroll Native Americans into Medicaid managed care, guarantees Native Americans the right to choose an Indian health care provider as a primary care provider or outside of the managed care network, and ensures access to sufficient numbers of Indian health care providers by including specific contract requirements with the MCOs. (see page 21 of the Waiver request). While the Navajo Nation appreciates the flexibility to allow Native Americans the right to choose an Indian health care provider as a primary care provider, the Waiver lacks specificity of an Indian health care provider. **The Navajo Nation requests the State to develop a definition for Indian health care provider which must include the Indian Health Service, tribal operated facilities pursuant to the Indian Self-Determination and Education Assistance Act as amended, and urban Indian organization. Additionally, the**

**Navajo Nation requests the State to explicitly require the MCOs to contract with Indian health care providers as a provider network to reimburse them at the Medicaid All Inclusive Rate or OMB rate.**

- **The Centennial Care Plan was already completed when it was presented to the Navajo Nation—there was limited opportunity for additional input into the development of the plan. Therefore, the Navajo Nation requests the State to provide adequate Tribal Consultation through the authority of the State-Tribal Collaboration Act (SB 196) before it notifies CMS to lift the delay of the 1115 Waiver request. Additionally, the Navajo Nation recommends the HSD to include a tribal representative serve on the RFP Finalization Team and Proposal Review Team as a voting member in the selection of MCOs.**
- **The 1115 Waiver request include Comprehensive Care Coordination System but lacks the Native American culturally relevant holistic care. The Navajo Nation recommends establishment of a system of care that support Native American culturally-appropriate comprehensive behavioral health services that meet the provisions of the Indian Health Care Improvement Act of 2010 and the Tribal Law and Order Act.**
- **The Navajo Nation urges the HSD to not repeat the manner in which the Coordination of Long Term Services (CoLTS) program was**

**implemented and administered.** The three MCOs contracting with the CoLTS program require outrageous justification for care provided. Those MCOs do not reimburse the I.H.S. and other Native American providers in a timely manner and fail to coordinate care—they do not provide adequate follow-up and do not provide continuum of care for its members.

- **We are concerned about the proposed payment reform, specifically for Native American individuals with chronic illness who reside in geographic rural and remote area who may require readmission for the same diagnosis within 30 days of discharge, or a patient who may seek service from a different provider for the same diagnosis within 30 days.** The Nation is concerned about the MCOs denying payment for these events which could result in the demand on the limited Contract Health Service program funding.
- The Navajo Nation is interested in participating in a proposed Health Home Project for chronic disease; however, **the Nation requests to contract directly with the State through a Memorandum of Agreement for a pilot project on the basis of the State-Tribal government-to-government relationship.**
- The Navajo Nation applauds the State for its commitment to honor the Native American protection from no premiums and no cost-sharing for

health care services provided by the Indian health providers or through referral by contract health service program, and that no co-pays would be used for Native Americans.

- Finally, Navajo Nation President Shelly has received the June 7<sup>th</sup> letter from Medical Assistance Division director Ms. Julie Weinberg in which she sought continued input to the 1115 Waiver request and has requested additional comments be submitted by July 11, 2012. **The Navajo Nation respectfully requests the State to hold a Tribal Consultation on its 1115 Waiver request before it informs the federal Center for Medicare and Medicaid Services to finalize its waiver.**

Madam Chair and distinguished members of the Health and Human Services Committee of New Mexico State Senate, on behalf of the Navajo Nation your full support of my comments and recommendations is and would be “*meaningful government-to-government consultation.*” For the record, the Navajo Nation has filed its formal comments with the New Mexico State Senate staff last week.

Thank you for the opportunity given to express our concerns and recommendations.