



Northern Arapaho and Indian Self-Determination (P.L. 638)

Fact: P.L. 638 provides meaningful TRIBAL input into the development of regulations, policies, rules, plans and activities that affect the health of Northern Arapaho people.

- Construction of New Health Care Facility requires P.L. 638 deployment. The Wind River facility is now over 100 years old.
- State –Tribal Consultation on Medicaid. The NA has negotiated directly with State and Federal administrators to bring valuable financial resources into our community through 1115 Waiver initiatives.
- 638 Tribal Health programs will expand resources that will employ and bring increased services to our Northern Arapaho people. Hiring of Care Coordinators and Peer-to-Peer staff, streamlining hiring of physicians, mid-level providers and dentists. More flexibility, fewer federal bottlenecks.
- Increase the implementation of provisions of the Affordable Care Act (ACA), as federal health program initiatives have been thwarted. For example, the purchasing of health insurance for Northern Arapaho people. Much more to do.

Logic/Reasoning: Tribal Assumption of Health Services Management Strengthens Tribal Planning and Management Capacities. By

placing tribes in decision-making positions, contracting/compacting vests tribes with ownership of the critical ingredient necessary to plan our own futures.

Fact: Indian Health Services (I.H.S.) is the Federal Health Program for American Indian and Alaska Natives. As per federal trust agreements, the U.S. Federal Government has a responsibility to provide health care for AI/AN. There is a misconception that I.H.S. provides adequate health care for all AI/AN populations. In fact, the I.H.S. system is consistently underfunded and those financial impacts create a lack of quality care received at I.H.S. facilities. Although recent transformations could result in better care and outcomes for AI/AN consumers, the underfunded system continues to be the major health care provider for AI/AN people. As a result of those misconceptions and the lack of funding, many tribal people go without health care.

Please note that an American Indian person can choose from where they will receive their health care services, provided they have a payer source like any other citizen.

Contracting/Compacting tribes have great flexibility when making decisions concerning allocation of funds. Whether managing programs in a manner consistent with traditional values or allocating funds to meet changing priorities, tribes may develop health care practices in ways consistent with their own needs and priorities, not those of a federal bureaucracy.