

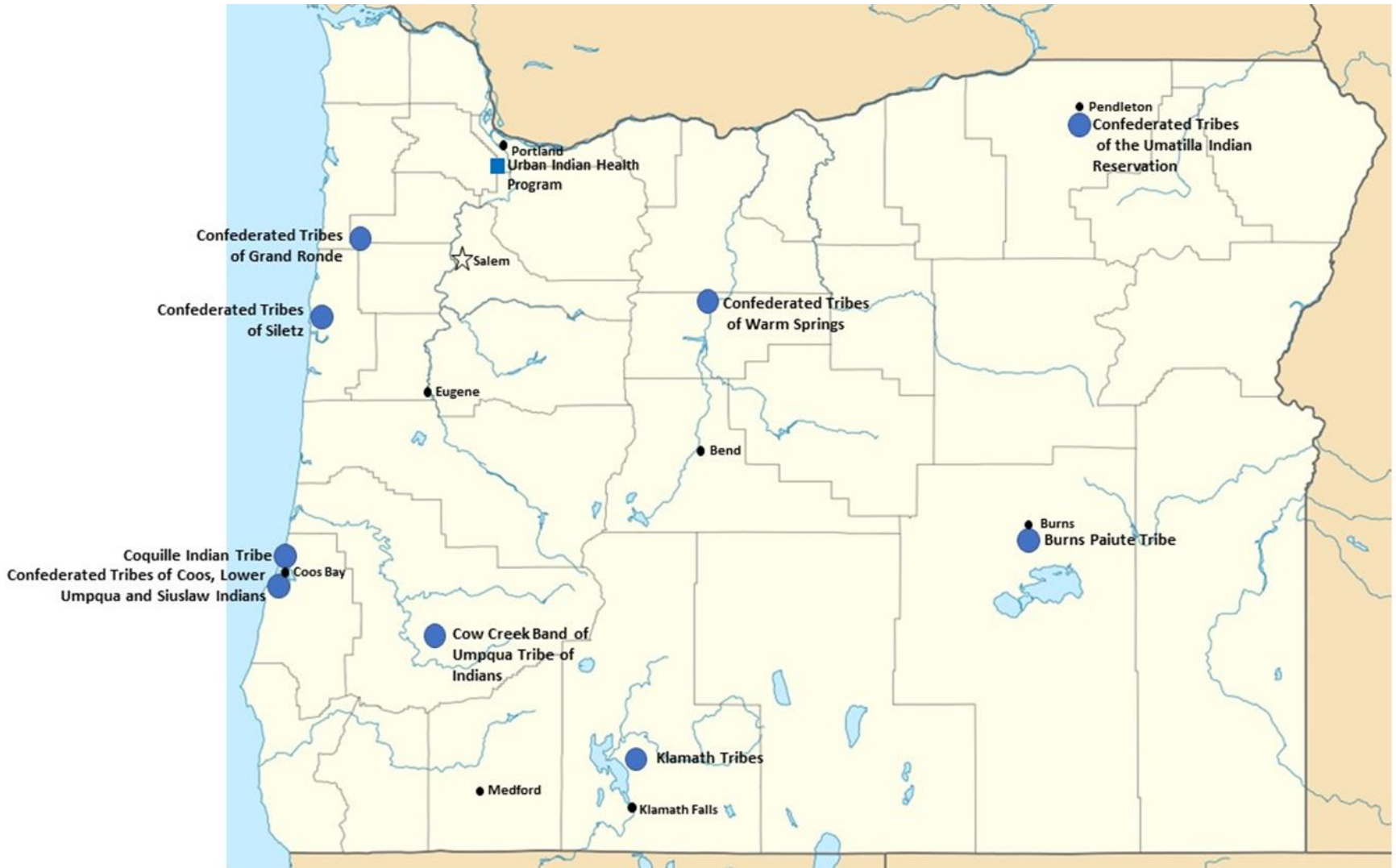
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# Tribal Affairs



Oregon  
Health  
Authority





# Oregon's Nine Federally Recognized Tribes

# Oregon Tribal Governments

- Burns Paiute Tribe
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of Grand Ronde
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes



# Oregon Indian Tribes

Tribal governments are separate sovereign nations with powers to protect the **health, safety and welfare** of their members and to govern their lands. This tribal sovereignty predates the existence of the U.S. government and the state of Oregon. The members residing in Oregon are citizens of their tribes, of Oregon and, since 1924, of the United States of America.

All Oregon tribal governments have reservation or trust lands created by treaties or federal acts.

# Tribal Sovereignty

**Tribal sovereignty in the United States** is the inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The U.S. federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the federal, state, and tribal governments.



# Supreme Law of the Land

*This Constitution, and the Laws of the United States which shall be made in Pursuance thereof; and all Treaties made, or which shall be made, under the Authority of the United States, shall be the supreme Law of the Land; and the Judges in every State shall be bound thereby, any Thing in the Constitution or Laws of any State to the Contrary notwithstanding.*

US Constitution, Article VI

Treaty of 1855 - Cayuse, Umatilla, and Walla Walla Tribes

Treaty with the Tribes of Middle Oregon, 1855

# Termination & Relocation

The Klamath Termination Act (PL 587) enacted in 1954 and terminated Federal supervision over land and members

The Western Oregon Indian Termination Act (PL 588) was passed in August 1954 as part of the United States Indian termination policy and affected ~60 Oregon Tribes (Siletz, Grand Ronde, Coquille, Coos, Lower Umpqua, Siuslaw, and other Oregon tribes) effective immediately

The Indian Relocation Act of 1956 encouraged Native Americans to leave Indian reservations, acquire vocational skills, and assimilate into the general population



# Historical Trauma

Historical trauma refers to cumulative emotional and psychological wounding, extending over an individual lifespan and across generations, caused by traumatic experiences.

- Loss of Land
- Loss of Culture
- Loss of Language
- Boarding Schools
- Relocation Act

How do these things continue to affect Native people and where they live, work and play?

# Restoration 1977-1989

1977, the Siletz Tribe was recognized and restored

1982, the Cow Creek Band of the Umpqua Tribe was restored

1983, Grand Ronde Restoration Act (PL 98–165), creating the  
Confederated Tribes of Grand Ronde

1984, Coos, Lower Umpqua, and Siuslaw had trust status restored

1986, Klamath had their trust status restored

1989, Coquille Restoration Act to restore federal trust relationship

**WE ARE STILL HERE! WE ARE STRONG! WE ARE RESILIENT!**

# Oregon Indian Population

129,579 AI/AN (alone or in combination, ACS 2015)

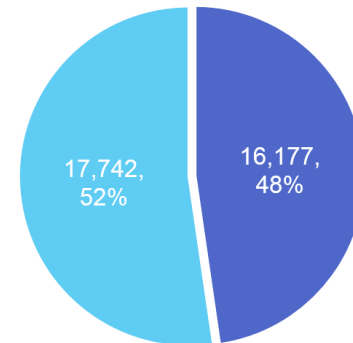
15,314 AI/AN in Portland (alone or in combination, ACS 2015)

Portland is 9<sup>th</sup> largest Native American population in USA

## AI/AN Enrolled in OHP

Total HNA Enrollment	Total Enrollment	% of Total
33,919	945,619	3.5%

## Fee For Service/Managed Care



# A note on Service Areas

Each tribe's area of interest may extend far beyond its tribal governmental center or reservation location. The federal government acknowledges that many tribal members do not live on tribal lands and, therefore, allows for tribes to provide governmental programs in specified service areas.

For example, the Confederated Tribes of Siletz service area includes 11 Oregon counties: Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington and Yamhill.

# Indian Health Delivery System

Indian Health Programs can be grouped into 3 categories:

- Indian Health Service (IHS) Directly Operated - Warm Springs, Western Oregon Service Unit - Chemawa Indian School
- Tribally Operated (P.L. 93-638 Indian Self-Determination Act)  
8 Oregon Tribes
- Urban Program - NARA

## Types of Health Services

- Ambulatory Primary Care (outpatient care)
- Inpatient care - Hospitals
- Medical specialties
- Traditional healing practices
- Dental and Vision Care
- Behavioral Health Services
- Specialty Care Services (CHS)

# Government to Government

Oregon maintains a government-to-government relationship with the tribal governments:

1975 - Legislative Commission on Indian Services (LCIS)

1996 - Executive Order EO-96-30

2001 - SB 770

2009 - American Recovery and Reinvestment Act Section 5006

2010 - OHA Tribal Consultation Policy

2011 - Oregon Medicaid State Plan

2018 - OHA Tribal Consultation and Urban Indian Health Program Confer Policy

**Tribes are NOT stakeholders!**

# SB 770 (ORS 182.162 to 182.168)

Oregon 1<sup>st</sup> state to adopt formal legal government-to-government relations through legislation

Directs state agencies in government-to-government relationships with Oregon tribes

- State agencies to develop and implement policy on relationship with tribes; cooperation with tribes.
- Training of state agency managers and employees who communicate with tribes; annual meetings of representative of agencies and tribes; annual reports by state agencies.

# What is Tribal Consultation?

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on an ongoing basis so that Tribes have an opportunity to provide *meaningful* and *timely* input on issues that may have a *substantial direct effect* on them.

**In the beginning of the thought process of any change or update to programs, funding, requirements, etc. We need to ask ourselves how will this affect the tribes?**





# Meeting or Consultation?

Tribal Consultation refers to a formal meeting with elected Tribal government officials or designees and our agency director. Decision makers present.

Tribal meetings are less formal and happen frequently. Updates, program reports, etc. Decision makers may or may not be present.

Examples: OHA Tribal Monthly Meeting, SB770 Health and Human Services Cluster meeting, Workgroups

# NPAIHB

The Northwest Portland Area Indian Health Board is a non-profit tribal advisory organization serving 43 federally recognized tribes of OR, WA & ID.

NPAIHB houses a tribal epidemiology center (EpiCenter), several health promotion disease prevention projects, and is active in Indian health policy.

What they do:

- Health promotion and disease prevention
- Legislative and policy analysis
- Training and technical assistance
- Surveillance and research

# NARA and NAYA

## **NARA**-Native American Rehabilitation Association

*Mission Driven, Spirit Led*

Providing education, physical, oral, and mental health services and substance abuse treatment to American Indians, Alaska Natives, since 1970. NARA is the Urban Indian Health Care Provider that OHA confers with on program/policy changes.

## **NAYA**- Native American Youth and Family Center

NAYA Family Center strives to fulfill its mission: “to enhance the diverse strengths of our youth and families in partnership with the community through cultural identity and education.” As an urban Indian agency, NAYA Family Center impacts the lives of over 10,000 individuals from over 380 tribal backgrounds annually.

# Resources

- Legislative Commission on Indian Services-Government to Government annual reports, links of interest, approach to state tribal relations, tribal government websites and more.
- <https://www.oregonlegislature.gov/cis>
- Broken Treaties, An Oregon Experience
- <http://www.opb.org/television/programs/oregonexperience/segment/broken-treaties-oregon-native-americans/>





*Create a good day!*

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# 10 Important Facts about Indian Health Service and Health Insurance

For American Indians and  
Alaska Natives

**Why your Indian health  
benefits may not be enough**



HealthCare.gov



**Y**ou may be wondering why you should consider getting health insurance when you are eligible for health care from Indian health care programs, including Indian Health Service (IHS), your tribe, or an urban Indian health program. Here are some facts to help answer those questions.

## **FACT #1: IHS is not health insurance**

The Indian Health Service (IHS) is a part of the federal government that delivers health care to American Indians and Alaska Natives (AI/ANs) and provides funds for tribal and urban Indian health programs. Health insurance, on the other hand, pays for health care covered by your plan. It protects you from paying the full costs of medical services when you are injured or sick and pays for services to prevent you from becoming ill.



## **FACT #2: Even people eligible for IHS need insurance**

Health insurance covers many things Indian health care programs do not provide. With health insurance, you can:

- Get in to see specialists
- Get health care for covered services without IHS Purchase Referred Care authorization
- Get health care when you are away from home



# FACT #3: You'll pay little or nothing

American Indians and Alaska Natives can find affordable insurance.

## If your income is:

- Between 100% to 300% of the federal poverty level (FPL), enroll in a **zero cost sharing plan** and have **NO out of pocket costs** for services received from an Indian health provider or a qualified health plan (QHP).
- Below 100% FPL or above 300% FPL, enroll in a **limited cost sharing plan** (regardless of income). **NO out of pocket expenses for services** received from an Indian health provider or through a referral to a QHP.
- Less than \$12,000 for an individual and you reside in a state that has not expanded Medicaid, **limited cost sharing plans are an important option to receive low cost health care coverage.**

## Medicaid and CHIP insurance

- There are no premiums, enrollment fees, copays, deductibles, or coinsurance.



## Health care from IHS, tribal health programs, or urban Indian health programs

- There are no deductibles, coinsurance, or copayments for covered services provided directly or when referred to non-Indian health providers under the IHS Purchased/Referred Care (PRC) program.

## **FACT #4: Marketplace plans, Medicaid, and CHIP are not welfare**

Marketplace plans, Medicaid, and the Children's Health Insurance Program (CHIP) are health insurance programs for individuals, families, and children who meet income and eligibility requirements. Medicare and employer-sponsored insurance plans are other examples of health insurance with eligibility requirements.

## **FACT #5: You can stay with your Indian health clinic, get health care somewhere else, or both**

Indian health care programs gladly accept health insurance, Medicaid, and CHIP. You won't have to change doctors or facilities



if you don't want to, even if your state has a Medicaid managed care network. If you want a choice about who to see for health care, you will have more options.

## **FACT #6: You won't have to wait to sign up**

Members of federally recognized tribes and Alaska Native Claims Settlement Act shareholders can purchase or change Marketplace health insurance coverage every month, rather than waiting for the yearly open enrollment period. So can non-enrolled family members, if they are included on the same application. This special protection for American Indians and Alaska Natives can be a lifesaver during a health crisis because it means insurance coverage can start much sooner. And you can enroll in Medicaid or CHIP at any time. But why wait? The sooner you sign up, the sooner you can get the services you need.



## **FACT #7: Indian Trust income won't stop you from qualifying for Medicaid or CHIP**

Certain types of income, such as income from selling culturally significant jewelry or basketwork and payments received from farming, fishing, and natural resources on Indian trust lands, are not

used to decide Medicaid or CHIP eligibility. For example, the money you make fishing won't count against you, as long as your tribe has fishing treaty rights.

## **FACT #8: Medicaid estate recovery doesn't apply to your Indian Trust property**

Don't let concerns about Medicaid estate recovery stop you from signing up. Indian trust property and income cannot be recovered to pay Medicaid back for long-term care. This includes:

- Trust property located on reservations, certain trust lands, and Alaska Native regions
- Income from treaty-protected natural resources
- Cultural, religious, or spiritually significant items
- Items that support traditional or subsistence lifestyles

## **FACT #9: You must take action to avoid paying a tax penalty for not having health insurance**

Health care provided by an Indian health program does not count as insurance for purposes of avoiding a tax penalty. But there are three ways to avoid owing a penalty:

- Enroll in a Marketplace insurance plan or other qualified health plan (such as one offered by your employer)
- Sign up for Medicaid or CHIP
- Apply for and receive the American Indian and Alaska Native exemption by filing Form 8965 with your federal income tax return



## **FACT #10: Even though health care is a treaty right, you should still get insurance**

IHS has to work within yearly budgets approved by Congress and does not receive enough funds to meet all the health needs of American Indians and Alaska Natives. That is why IHS does not offer certain services and why some services aren't available at certain times of year. In fact, the IHS budget only meets about half of the need, so enrollment in health insurance helps expand needed care. And with insurance, health care is available when you need it.

## **Signing up for the Marketplace or Medicaid is easy and affordable**

The Health Insurance Marketplace is a resource where you can learn about options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in a Qualified Health Plan. You can apply for the Marketplace or Medicaid through **healthcare.gov** call centers and in-person assistance.

- Ask for help from your Indian health program,
- Call 1-800-318-2596, or
- Go online to **healthcare.gov/tribal**



**HealthCare.gov**



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