



# The Impact of Medicaid Expansion on the Little Shell Tribe

The Little Shell Tribe of Chippewa Indians of Montana is a federally recognized tribe of Ojibwe people in Montana. The Little Shell Tribe has been state-recognized for many years, but only achieved federal recognition in 2019. Due to conflicts with federal authorities in the 19<sup>th</sup> century, the Tribe has always been without a reservation. Our members live throughout Montana and the United States. Many members, our tribal offices, and services are located in or near Great Falls.

Because of Medicaid expansion, in the short time since federal recognition, the Little Shell Tribe has made rapid progress toward creating a health system that improves the health and well-being of tribal members.

The state of Montana has been a strong partner in this effort. Medicaid expansion meant that we now have reliable revenue for the services we provide, ensuring that we can build stable, successful healthcare programs. The state created the Tribal Health Improvement Program and extended this program to the Little Shell Tribe this year, and this program will allow us to reach, serve, and improve outcomes for some of our most medically complex members.

We continue to feel that DPHHS is a strong and committed partner as we pursue shared goals of a healthier Tribe and State. Together, since the passage of the HELP Act in 2015, we have made a lot of progress, but there is more work to be done.

## Access to Health Care

**Approximately 1,282 American Indians in our service area are enrolled in Medicaid expansion.**<sup>i</sup> Members can access health care services through the Little Shell Tribal Clinic in Great Falls or with any provider of their choice.

As a newly recognized tribe, Little Shell is hard at work building new services for our members. Medicaid expansion is a critical resource that is allowing us to make major improvements to our healthcare system:

- In 2021, we built a new, state-of-the-art clinic in Great Falls. Currently, the federal Indian Health Service provides primary care, dental services, radiology, optometry, behavioral health care, and pharmacy services in this facility.

- We know that the Little Shell Tribe can deliver quality, comprehensive services to our members: for this reason, in 2024, we began steps to assume management of the clinic from the Indian Health Service. Reimbursement for clinical services from Medicaid expansion will be critical to the success of this effort.
- We created a mobile van that delivers medical, dental, and prevention services to residents in the area.
- The Medicaid Tribal Health Improvement Program – which DPHHS extended to serve the Little Shell Tribe this year – will allow us to provide case management services for our most medically vulnerable members.

## Indian Health Service Unit

The local IHS facility has a five-level priority system for care. Before Medicaid expansion, all IHS service units operated at a Level 1, meaning they could only refer people with life or limb-threatening emergencies for care. Due to Medicaid expansion, they are currently operating at a Level 4. They can now offer or refer for additional services such as mammograms, colonoscopies, hip replacements, and other essential specialty consultations and surgical procedures. **Referrals for care increased from only 12 in 2020 to 1,271 in 2024.** This change affects all Little Shell citizens in Cascade County, not only Medicaid recipients.

## Revenues to Support Better Health Care

Medicaid expansion has increased revenues for the Little Shell Tribe. **Over the last two state fiscal years, the tribe has received an additional \$574,000 in 100% federal reimbursement.** This reimbursement comes at no cost to the state of Montana. The revenue will be critical in our efforts to take over the Little Shell Tribal Clinic from the federal government and develop effective, comprehensive clinical services for our members.

## Background: Health of American Indian people in Montana

American Indian people in Montana face serious barriers to receiving health care, including:

- The IHS budget amounts to \$4,078 per capita for American Indian people, compared with \$14,750 for the Veterans Health Administration and \$16,700 for Medicare. This longstanding underfunding of health care for American Indian people makes it difficult or impossible for people to access medically necessary health care services.<sup>ii</sup>
- Health care for American Indian people living in urban areas is even more severely underfunded, accounting for less than 1% of the total IHS budget.<sup>iii</sup>
- Before Medicaid expansion, tribal members could not access most medical services except basic primary care and, in many cases, could not receive, for

example, cancer screenings like mammograms and colonoscopies, consultation with specialists, surgeries such as hip replacements and gall bladder removals, and many others. This is because the IHS budget only allowed referrals for life-threatening emergencies, specifically *"emergent or acutely urgent care services that are necessary to prevent the immediate death or serious impairment of the health of the individual and if the diagnosis and treatment of injuries or medical conditions is left untreated, would result in uncertain but potential grave outcomes."*

American Indian people in Montana have substantially higher rates of illness and mortality than other Montana residents. For example:

- American Indian people in Montana die, on average, 17 years younger than other Montanans.<sup>iv</sup>
- The death rate for American Indian people in Montana is far higher than other Montanans for many common illnesses, including heart disease, cancer, injuries, and diabetes.<sup>v</sup>
- American Indian people in Montana suffer high rates of mental distress and suicide; 26% of American Indian people in Montana report frequent mental distress compared with 18% of all Montana adults.<sup>vi</sup> The suicide rate for American Indian people in Montana is estimated at 42 per 100,000, compared with a rate of 28 per 100,000 for all Montanans and 14.5 per 100,000 for U.S. residents overall.<sup>vii</sup>

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<sup>i</sup> This estimate is based on 2024 information from the Little Shell Tribal Health Clinic, which has a service area of Hill, Blaine, Glacier, and Cascade Counties.

<sup>ii</sup> 2018 GAO: Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs. <https://www.gao.gov/products/GAO-19-74R>

<sup>iii</sup> <https://www.hhs.gov/about/budget/fy2017/budget-in-brief/ihs/index.html>

<sup>iv</sup> 2024 Montana Vital Statistics Analysis Unit, Common Causes of Death in American Indian People in Montana.

<sup>v</sup> 2024 Montana Vital Statistics Analysis Unit, Common Causes of Death in American Indian People in Montana.

<sup>vi</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Dec 23, 2024]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>.

<sup>vii</sup> CDC WONDER, Underlying Cause of Death, 2018-2022, Single Race Results