



# The Impact of Medicaid Expansion on Urban Indian Health Centers in Montana

## ACCESS TO HEALTH CARE

**Roughly 4,300 American Indian people living in Montana's urban areas are enrolled in Medicaid expansion.** American Indian people can access health care services at any of the five urban clinics in Missoula, Great Falls, Helena, Butte, and Billings.

Medicaid expansion is allowing urban Indian health clinics to expand services and make significant improvements:

- Helena Indian Alliance renovated and expanded the primary care clinic and recently broke ground on a new behavioral health expansion.
- After closing its doors in 2017, Billings Urban Indian Health Center was able to take over this vital resource for eastern Montana, reopen it in 2018, and expand services.
- All Nations Health Center in Missoula now offers medical, dental, behavioral health, health, and transportation services. Expansion and growth of behavioral health services have been exponential in the past four years.
- The Indian Family Health Clinic (IFHC) in Great Falls increased its patient intake by 112% by expanding its hours, adding two primary care providers and a walk-in provider, and building a comprehensive integrated behavioral health program. The behavioral health team grew from one licensed addiction counselor to a multidisciplinary team with therapists, a psychiatric nurse practitioner, and a behavioral health RN. Medicaid funding also enabled IFHC to support mental health evaluations at Cascade County Detention Center, focusing on American Indian and Alaska Native inmates.

The HELP Act improved access to medical care and services, enhanced patient outcomes, and better addressed the community's healthcare needs, including those of non-Indian patients. Since 2015, Urban Indian Health Centers have:

**Hired more doctors, nurses, physician assistants, and medical assistants.**

**Increased revenue significantly improved access to specialty care.**

**Improved access to behavioral health services to address the growing mental health and addiction needs of the population.**

**Added dental services, which traditionally had to be contracted out.**

## URBAN INDIAN HEALTH CENTERS

Urban Indian Health Centers play a vital role in meeting the unique healthcare needs of Native Americans living in urban areas. These centers provide a wide range of services that address both physical and cultural well-being, including:

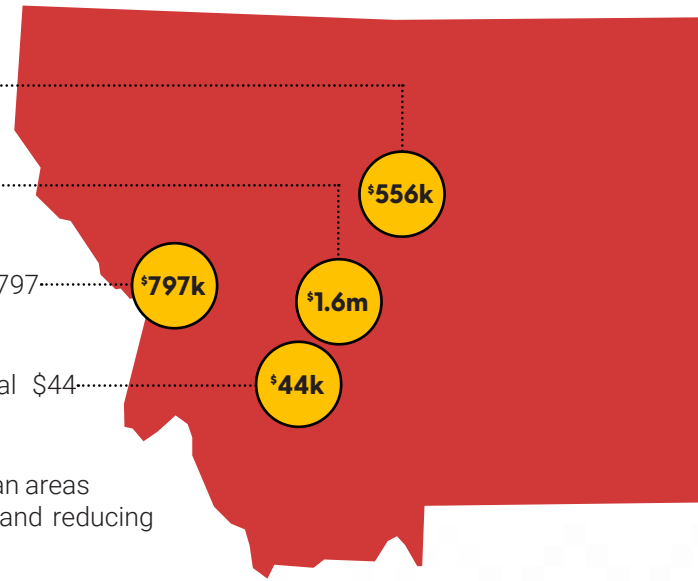
- Primary Care
- Dental Care
- Behavioral Health
- Chemical Dependency Services
- Health Education
- Outreach Programs
- Disease Prevention
- Cultural Services

Urban Indian Health Centers are not just healthcare providers. They are essential hubs for wellness, education, and cultural preservation. They serve as a lifeline for urban Native communities, ensuring access to quality care while respecting and integrating cultural values.

## REVENUES TO SUPPORT BETTER HEALTH CARE

Medicaid expansion has increased revenue for urban Indian health centers. Over the last two fiscal years:

- Indian Family Health Clinic has received an additional \$553 thousand in 100% federal reimbursement.
- Helena Indian Alliance has received an additional \$1.6 million in 100% federal reimbursement.
- All Nations Health Center has received an additional \$797 thousand in 100% federal reimbursement.
- Butte Native Wellness Center has received an additional \$44 thousand in 100% federal reimbursement.



Preventive care services for American Indian people living in urban areas are making a difference by supporting a healthy membership and reducing health disparities.

Expansion supports patients and directly contributes to the local workforce by enabling urban Indian health centers to sustain jobs and provide essential healthcare services. Without expansion, urban Indian health centers will face financial strain, risk jobs, and reduce access to care that helps keep community members healthy and in the workforce.

## ACCESS TO QUALITY HEALTH CARE SERVICES

Expansion allowed urban Indian health centers in Montana to provide the following services between 2022 and 2024

**15,205** total visits were provided to people with Medicaid expansion as their insurance.

**459**

people received preventive services.

**1,086**

people received outpatient mental health services.

**615**

people received treatment for substance use disorders.

**57**

people received colonoscopies, with 57 possible cases of colon cancer averted

**64**

women received breast cancer screening.

**398**

people are now being treated for diabetes, drastically reducing future complications like kidney failure and expensive dialysis.

## BACKGROUND



# Health of American Indian People in Montana

American Indian people in Montana face serious barriers to receiving health care.

- The IHS budget spends \$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 makes it difficult or impossible for people to access medically necessary healthcare services.
- 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.
- Before Medicaid expansion, tribal members could not access most medical services except basic primary care. Most could not receive mammograms and colonoscopies, consult with specialists, or have hip replacements or gall bladder removals. This is because the IHS budget only allowed referrals for life-threatening emergencies.

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.
- 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.
- 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. 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.