



The Impact of Medicaid Expansion in the Rocky Boy's Community

The Rocky Boy's Reservation is home to about 4,500 members of the Chippewa Cree Tribe. The reservation, headquartered at Rocky Boy's Agency, encompasses 122,000 acres in northcentral Montana spread across Hill and Chouteau counties.ⁱ

Since Medicaid expansion was implemented in 2016, our Tribe has made progress toward improving the health and well-being of tribal members by enhancing the quality and availability of health care services.

The state of Montana has been a strong partner in this effort. Medicaid expansion creates a reliable source of revenue for the services we provide previously uninsured members, ensuring that we can build stable, successful healthcare programs. Montana created the Tribal Health Improvement Program, which has allowed us to reach, serve, and improve outcomes for some of our most medically complex members.

We appreciate 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 1050 American Indians in the Rocky Boy's Community are enrolled in Medicaid expansion.ⁱⁱ Members can access health care services at the Rocky Boy Health Center or a provider of their choice.

Besides services for individual patients, Medicaid expansion is allowing us to make significant improvements to our health care system:

- In addition, facilitated by Medicaid expansion, we have strengthened our behavioral health service offerings and integrated them with primary care, allowing us to offer more effective, whole-person care.
- We are also building a new youth wellness center that will offer behavioral health, cultural education, recreational opportunities, mentorship, and clinical services.
- Finally, we are conducting a feasibility study to build a long-term care facility on the reservation
- The Medicaid Tribal Health Improvement Program has allowed us to provide case management services for 1,522 tribal members.

Rocky Boy's Health Center

The Chippewa Cree Tribe has a compact with the federal government that allows the tribe to design and deliver healthcare services instead of relying on the Indian Health Service for our care. With Medicaid expansion, the tribe's health center has now been able to either offer or refer for additional services such as prenatal care, mammograms, colonoscopies, hip replacements, and other essential specialty consultations and surgical procedures. Before Medicaid expansion, referrals were limited to life and limb-threatening emergencies. This change affects all American Indians living on or near the Rocky Boy's Reservation, not only Medicaid recipients.

Revenues to Support Better Health Care

Medicaid expansion has increased revenues for the Chippewa Cree Tribe to provide quality health care in rural Montana. **Over the last two state fiscal years, the tribe has received additional revenue that is 100% federal reimbursement.** This increased revenue is the means to provide additional services to individuals within the Rocky Boy's Community. Having the ability to provide preventive care services within the community is making a difference in the lives of people. It supports the overall mission of a healthy membership while reducing the health disparity that exists in Montana.

Access to Quality Health Care Services

In state fiscal year 2023 (July 2022 – June 2023), prior to the steep decline in coverage during redetermination, in the Rocky Boy's Community, Medicaid expansion allowed for an estimatedⁱⁱⁱ

- 928 people to receive preventive services.
- 20 people to receive colonoscopies, with 10 potential cases of colon cancer averted.
- 26 women to receive breast cancer screening.
- 12 people newly diagnosed with diabetes to receive treatment, which will prevent many costly complications such as kidney failure and dialysis in the future.
- 273 people to receive outpatient mental health services.
- 177 people to receive treatment for substance use disorders.

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.^{iv, v, vi} This longstanding underfunding of health care for American Indian

people makes it difficult or impossible for people to access medically necessary health care 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.^{vii}
- 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.^{viii}
- 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.^{ix}
- 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.^x 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.^{xi}

ⁱ <https://tribalnations.mt.gov/Directory/ChippewaCreeTribe>

ⁱⁱ This estimate is based on AI/AN expansion enrollees in Hill and Chouteau Counties as of Oct 1, 2024.

ⁱⁱⁱ These numbers are estimates using Medicaid claims data based on county of residence, and census data on race and ethnicity in counties that overlap with reservation boundaries.

^{iv} [https://www.ihs.gov/newsroom/factsheets/ihsprofile/#:~:text=Fiscal%20year%202023%20IHS%20expenditure,Health%20Expenditure%20per%20person:%20\\$13%2C493](https://www.ihs.gov/newsroom/factsheets/ihsprofile/#:~:text=Fiscal%20year%202023%20IHS%20expenditure,Health%20Expenditure%20per%20person:%20$13%2C493)

^v <https://www.cbo.gov/publication/57583>

^{vi} <https://www.kff.org/interactive/the-facts-about-medicare-spending/>

^{vii} <https://www.hhs.gov/about/budget/fy2017/budget-in-brief/ihs/index.html>

^{viii} 2024 Montana Vital Statistics Analysis Unit, Common Causes of Death in American Indian People in Montana.

^{ix} 2024 Montana Vital Statistics Analysis Unit, Common Causes of Death in American Indian People in Montana.

^x <https://www.cdc.gov/brfss/brfssprevalence/>.

^{xi} CDC WONDER, Underlying Cause of Death, 2018-2022, Single Race Results