

RESOLUTION  
OF THE NATIVE AMERICAN ADVISORY BOARD OF DIRECTORS  
BENEFIS HEALTH SYSTEM

WHEREAS, numerous reports and studies authored by the University of Montana, including well respected consulting firms, have independently demonstrated the HELP Act has significantly benefited more than 95,000 Montanans who have received health care coverage as of October 1, 2018, representing 9.3% of our state's population; and

WHEREAS, 1 in 6 enrollees in coverage under the HELP Act, representing more than 15,400 individuals, are Native Americans, meaning that nearly 22% of the state's Native Americans are enrolled in HELP Act coverage; and

WHEREAS, Montana's Native American population has historically been more severely impacted by a lack of health care coverage than the national Native American population, with 40% of Montana's Native American population being uninsured in 2015 (prior to the HELP Act taking effect) compared to a national Native American uninsured rate of 15.7% in 2015; and

WHEREAS, Native Americans are disproportionately impacted by health conditions, with national research from the U.S. Department of Health and Human Services Office of Minority Health indicating that compared to non-Hispanic whites, American Indian and Alaskan Native adults are 30 percent more likely to have high blood pressure, twice as likely to have a stroke, and 3 times more likely to die from Hepatitis C; and

WHEREAS, Montana's Native American population has historically been more severely impacted by health disparities than the national Native American population, with Montana tribal members dying, on average, 20 years sooner than other state residents, compared to a national average life expectancy of 5.5 years less for the American Indian/Alaskan Native population than the U.S. all races population; and

WHEREAS, the HELP Act has begun to address some of the conditions that most impact the Native American population, as reflected by national research from Indian Health Service that indicates American Indians and Alaskan Natives are 3.2 times more likely to die from diabetes than the population as a whole and are 6.6 times more likely to die from alcohol-related causes than the population as a whole, combined with statistics indicating that 837 Montanans enrolled in the HELP Act have been diagnosed with and are now being treated for diabetes, 7,146 have received outpatient substance abuse treatment, and 1,884 have received residential substance abuse treatment; and

WHEREAS, in states that have expanded Medicaid, the federal match for care provided to enrolled tribal members through Indian Health Service or tribal programs, including outside referrals, is currently structured to remain at 100% over time, while previously only 65% of those costs were paid by the federal government; and

NOW THEREFORE BE IT RESOLVED, the NATIVE AMERICAN ADVISORY BOARD OF DIRECTORS OF BENEFIS HEALTH SYSTEM endorses the HELP Act and strongly requests our legislative delegation and the Montana Legislature to reach a bipartisan solution to continue Medicaid Expansion beyond its scheduled sunset date and protect health care coverage for almost 100,000 Montanans and the \$2.6 billion economic engine it has created.

APPROVED ON THIS DAY, DECEMBER 14, 2018, BY THE NATIVE AMERICAN ADVISORY BOARD OF DIRECTORS OF BENEFIS HEALTH SYSTEM.



Charles Headdress, Board Chairman