Indian health specific provisions in HR 2,
Children's Health Insurance Program Reauthorization of 2009

Section 201: Grants and Enhanced Administrative Funding for Outreach and Education

- **Grants to Improve Outreach and Enrollment:** Numerous entities can apply for grant funding, including State, public and non-profit organizations, and faith-based organizations
- **Ten Percent Set Aside for Outreach to Indian Children**: 10% of the funds appropriated is set aside for IHS, Tribes and urban programs to provide outreach to and enrollment of Indian children
- **Ten Percent Set Aside for national enrollment campaign:** As part of this campaign, Secretary is required to develop special outreach materials for Native Americans

Section 202: Increased Outreach and Enrollment of Indians

- **Agreements with States for Medicaid and Chip Outreach On or Near Reservations to Increase Enrollment of Indians in those Programs:**
  - Secretary to encourage States to take steps to improve enrollment of Indians in Medicaid/CHIP
  - Secretary, acting through CMS, to take steps necessary to facilitate cooperation and agreements between States and IHS, Tribes and urban programs
  - Ten percent limitation on outreach expenditures not applicable

Section 203: State Option to Rely on Findings of Express Lane Agency

- **State option to rely on findings from an Express Lane agency in eligibility determinations**
  - Express Lane agencies are public agencies that the State determines is capable of making CHIP eligibility determinations, including public agencies such as: TANF and Head Start programs
  - Tribes operate programs, such as TANF and Head Start, and States, who exercise this option, should consider including Tribal programs as Express Lane agencies

Section 211: Verification of Declaration of Citizenship or nationality for purposes of eligibility for Medicaid and CHIP

- **Acceptance of Documentary Evidence issued by a Federally Recognized Indian Tribe**
  - Tribal enrollment or certificate of degree of Indian blood documents are sufficient documents for proof of U.S. citizenship for Medicaid
  - For those Tribes located in border States whose membership includes non-U.S. citizens, the Secretary, in consultation with such tribes shall identify additional forms of documentation
  - Transition period for Tribal members of border Tribes to use tribal enrollment cards until publication of final regulations by the Secretary

Section 213: Model of Interstate Coordinated Enrollment and Coverage Process

- Authorizes the Secretary, in consultation with State Medicaid and CHIP directors and organizations representing program beneficiaries, to develop model process for enrollment and eligibility of children who are temporarily located outside their State of residency, due to emergencies, education, or other reasons
- TTAG and Tribal Affairs Group involvement is needed in the development of model process to address Medicaid and CHIP enrollment and eligibility issues of Indian children who receive Medicaid covered services while at Indian boarding schools or Indian youth substance abuse treatment centers located out of State of residency

Section 401: Child Health Quality Improvement Activities for Children

- Tribes are identified as eligible entities to apply for awards under the Childhood Obesity Demonstration Project to reduce childhood obesity

Indian health specific provisions in HR 1,
American Recovery and Reinvestment Tax Act of 2009, Conference Report

Sec. 5006 Protections for Indians Under Medicaid and CHIP.

- Effective July 1, 2009, establishes premium and cost sharing exemptions for Indians who are furnished items or services directly by Indian Health Programs or through referral under contract health services.
- Exempts certain property as countable resources for the purposes of making Medicaid and SCHIP eligibility determinations.
- Adds the continuation of current law protections of certain Indian property from Medicaid estate recovery.
- Provides for specific rules for Indian enrollees, Indian health care providers, and Indian managed care entities under Medicaid and CHIP managed care programs
- Codifies CMS' current Tribal Technical Advisory Group (TTAG)
- Requires the TTAG to include a representative of the Urban Indian Organizations and the IHS.
- Requires States to establish a process to seek regular advice from IHS, Tribal and Urban Indian health programs relating to Medicaid or SCHIP matters likely to have a direct effect on them.