



23RD NAVAJO NATION COUNCIL OFFICE OF THE SPEAKER

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Health, Education, and Human Services Committee commends Governor Ducey's approval of bill supporting AHCCCS benefits for Navajo people

WINDOW ROCK – Members of the Health, Education, and Human Services Committee are pleased with the approval Arizona H.B. 2228, which amends Arizona law pertaining to the Arizona Health Care Cost Containment System by exempting American Indians and Alaska Natives from certain requirements that would have been detrimental to many Navajo people who currently receive AHCCCS benefits. Arizona Gov. Doug Ducey signed the measure into law on April 13.

H.B. 2228, sponsored by Arizona State Rep. David Cook (Dist. 8 – R) changes Arizona statute to insure that Arizona waivers submitted to the U.S. Department of Health and Human Services, which may reduce those eligible for AHCCCS patients, do not apply to Navajo people and other tribes in Arizona.

On Feb. 1, HEHSC chair Council Delegate Jonathan Hale (Oak Springs, St. Michaels) provided testimony to the Arizona House of Representatives Health Committee in support of the bill, and told state legislators that such requirements would be harmful to Navajo families that receive the benefits.

“We thank the Arizona legislators and Governor Ducey for supporting this bill, which ensures that many Navajo families will continue to receive the healthcare benefits that every person should be entitled to receive despite their income, or employment status,” said Delegate Hale.

He added that the former statute did not address the unique legal status of American Indians who reside in Arizona and receive care that is coordinated between the Medicaid program and the Indian Health Service. This unique legal status and coordination of care arise under the federal trust responsibility to provide health care services to American Indians, as established per an amendment to the Social Security Act.

“I am thrilled Governor Ducey signed this important bill into law to help tribal communities with one of the top needs — healthcare,” said Rep. Cook. “Many in our tribal communities depend on Medicaid, but nonconforming state and federal regulations previously made it more challenging for them to receive the care they needed. Now these communities, many of which have high unemployment and limited access to employment prospects that might provide healthcare, will have the healthcare they desperately need.”

The Arizona AHCCCS program is subject to Section 1115 of the Social Security Act, which gives the U.S. secretary of Health and Human Services authority to approve experimental, pilot or demonstration projects that the secretary finds likely to assist in promoting the objectives of the Medicaid program. These demonstrations give states additional flexibility to design and improve their Medicaid programs.

Arizona law requires that AHCCCS submit a Demonstration Project 1115 waiver to the Centers for Medicare and Medicaid Services within HHS, for authority to conduct a pilot program that includes the following:

1. Institutes significant and rigorous work, school or job training requirements on “able-bodied adults”
2. Places a five-year life-time limit on Medicaid services to “able-bodied adults”
3. Develops and imposes modest cost sharing requirements to deter unnecessary use of emergency departments and ambulance services

The amended law leaves intact the larger goal of maintaining Arizona’s flexibility to design and administer Medicaid and Medicare services while upholding the federal trust responsibility to provide health care services from all federal programs including the Medicaid program.

An inter-tribal Workgroup collaborated efforts with the Rep. Eric Descheenie (Dist. 7 – D), Rep. Wenona Benally (Dist. 7 – D), Sen. Jamescita Peshlakai (Dist. 7 – D), the Arizona Advisory Council on Indian Health Care Workgroup, the Inter Tribal Council of Arizona, the Office of the President and Vice President, Navajo Nation Department of Health, and the Council’s Health, Education, and Human Services Committee for the bill.

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