

Tribe faces critical health care funding issues

Sept. 8, 2004

By Terry Dillman Of the News-Times

No one is immune from the effects of skyrocketing health care costs, including the Confederated Tribes of Siletz Indians.

A combination of reductions in federal Indian Health Services funding and a substantial drop in services under the Oregon Health Plan have put many preventive health care services for tribal members - especially those eligible for Contract Health Services - on the critical list.

Siletz tribal council chairman Delores Pigsley discussed the situation in the August issue of Siletz News, the tribe's monthly newspaper.

"As we all know, health care is in a major national crisis situation," Pigsley noted. "As the cost of health care escalates, it outpaces the cost of living, which also outpaces the few appropriated health dollars each year. Our situation, to put it mildly, is not good."

Pigsley wrote that all tribes across the United States are fighting for adequate health care funds, "but the president and this administration have not been listening. The bottom line for us is that we must make prudent choices on what is spent through the clinic's contract health care. We need to ensure that everyone applies for any coverage for which they are eligible, and that all available Indian Health clinics are utilized."

Tribal members in the Siletz Tribe's 11-county service area may use the Siletz Community Health Clinic, Chemawa Health Center, or Grand Ronde Health and Wellness Clinic. Members who live outside the area may use the nearest Indian Health Service clinic.

The tribe can use CHS funding only for tribal members who live within the service area. A drop in that funding means a corresponding reduction in covered health services, and fewer services from the Oregon Health Plan translates into fewer dollars the Siletz clinic can bill under third-party billing. The Siletz Tribe offsets some of those cutbacks with gaming revenues from Chinook Winds Casino Resort in Lincoln City.

Several years ago, they established a health endowment, allocating gaming funds to it every year. Funds generated by the casino can be used either within or outside the service area.

"For the last few years, using gaming revenues generated by our casino, we have provided health care services for people who live outside the service area," Pigsley noted.

Those funds expired before January this year, and additional funds allocated July 1 disappeared the first day they became available - something that has never occurred in the past, according to Pigsley, and something that underscores the seriousness of health care funding shortfalls.

The council had designated \$200,000 from the 2003 excess pledge revenue (gaming funds) for health care services. Required reductions for indirect costs and pharmacy benefits for out-of-area service left a balance of \$89,512 for distribution. Those funds went to 94 tribal members to cover various dental, vision, medical, and hearing care costs. Depletion of the allocated funding prevented assistance to at least 80 others.

The tribe's allocations of gaming revenues to the health care fund have risen from \$100,000 each year in 1998, 1999, and 2000 to \$130,600 in 2001, and \$195,000 in 2002. The \$200,000 allocated in 2003 pushed the total to \$825,000 in the past five years.

"Hundreds of tribal members who otherwise would not have been able to receive much-needed care have used these funds to improve their well-being," Pigsley noted.

Yet it's nowhere near enough.

Tribal officials indicated that additional high-cost catastrophic cases had "completely devastated the budget," and while third-party revenue from clinic collections will provide some funds for limited assistance, the tribe cannot fully fund all needed care.

Recognizing the vital health care needs, tribal council members recently allocated another \$300,000 to CHS, placing the system on life support to extend coverage beyond emergency/acutely urgent care requests through the end of December.

Even so, it means caps and limits on coverage - \$25,000 per episode for Priority I services (emergency room care for heart attack, stroke, car accident, acute pneumonia, and acute asthma, as well as severe burns, concussion, large lacerations, fractures, eye injuries, and other trauma), and \$150 per person per week for Priority II services (preventive care such as screenings for known diseases, hypertension, diabetes, mammograms, pap smears, immunizations, well-child exams, sports physicals, and medication refills). Prior approval is required for preventive or specialty care services, and there's a 72-hour time limit for reporting emergency care services.

The tribe is looking at ways to reduce health care costs and provide adequate coverage for as many tribal members as possible.

Judy Muschamp, the tribe's health director, has found a way to save some money on prescription drugs by setting the tribal clinic pharmacy up as its own mail order prescription manager. The pharmacy offers mail-order medications to CHS-eligible members who live within the 11-county service area, but outside the 40-mile radius of the clinic's coverage area.

"We will realize substantial savings by using generic drugs, and providing our own mail order service," said Pigsley.

Council members have also looked into the possibility of purchasing a health plan to cover all tribal members, but Pigsley said the cost of such plans "is prohibitive at this time."

They also urge tribal members who have access to low-cost private insurance through their own or their spouses' employers to pursue that option "to avoid the frustration of denied care (or payment) through CHS."