

WIND RIVER

RESOURCES REQUIRED TO RAISE WIND RIVER AVAILABLE RESOURCES TO PARITY WITH NATIONAL HEALTH EXPENDITURES

This report calculates 2020 required and available resources for tribes of the Wind River Reservation of Wyoming – Northern Arapaho and Eastern Shoshone Business Council. These calculations streamline methods and data that IHS used in its 2018 calculations for all tribes.

EXECUTIVE SUMMARY

The Indian Health Service (IHS) in 2018 compared required health care resources to available IHS resources (2017 data). This report updates that comparison to 2020 for the Wind River Reservation of Wyoming (Northern Arapaho and Eastern Shoshone Business Council tribes).

Methods

These calculations streamline methods that IHS used in its 2018 calculations. The IHS methodology includes two categories of calculation - macro and micro. Macro calculations apply to IHS overall, e.g., total IHS user counts multiplied by a resource target tied to national health expenditures per person, less alternate resources, less IHS resources available. Micro calculations refine macro data for local tribal health care service areas. The 2020 Wind River service area calculations adjust for local variations in economic conditions, alternate resource variations (state-to-state variations in insurance such as Medicare, Medicaid, and ACA based coverage), and regional variations in Indian population health status. The micro data factors, measured in detail by IHS in 2017, generally evolve slowly and can be referenced for several years without comprehensive overhaul. Our 2020 Wind River calculations recalibrated local micro factors in proportion to 2020 macro data for consistency.

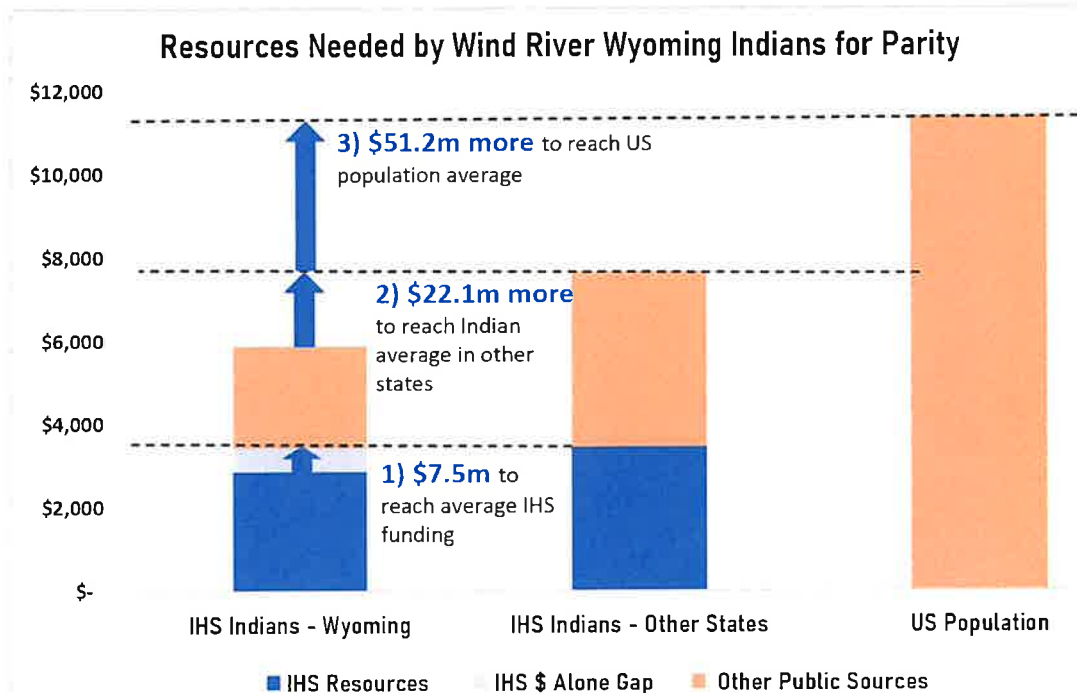
2020 Findings Compared to 2017

- Wind River user count was 12,503 in 2020, 10% increase over 2017.
- After deducting \$2,427 for alternate resources available in 2020 to Wyoming Indians, the net resource requirement is \$9,329 per Wind River user, an 18.3% increase the 2017 amount.
- IHS resources benefiting each Wind River user was \$2,868 in 2020, 4.6% increase over 2017.
- The Wind River available resource percentage decreased from 34.8% in 2017 to 30.7% in 2020, a decrease of 4.1%.
- In 2018, Wyoming ranked last among states (34.8%). The resource gap worsened in 2020 by decreasing to 30.7%. The 2020 resource gap for Wyoming was \$6,466 per IHS user.

Conclusion - Resources required for Wind River Indians to reach parity

<i>FUNDING GAPS FOR WIND RIVER WYOMING INDIANS</i>	<i>WR Per User Actual</i>	<i>Per User Parity</i>	<i>FUNDING GAP (each stands alone)</i>
1) WY Indians to reach parity with IHS funds alone	2,863	3,461	7,478,000
2) WY Indians to reach resource parity with other states	2,427	4,196	22,118,000
3) WY Indians to reach average US health expenditures	5,290	11,756	51,248,000
(Also see related chart on next page)	CUMULATIVE TOTAL GAP		80,844,000





The chart illustrates per person and total health care funding gaps for Wind River Wyoming Indians compared to IHS resources alone, resources available to Indians in other IHS served states, and to US average national health expenditures.

1) **\$7.5 million** over existing Wind River resources is required to reach simple numerical funding parity considering only IHS provided resources. However, \$7.5 million for Wind River Indians will not alone achieve health services parity for them – see chart above for the gap in other public resources available to Wyoming Indians compared to amounts available to IHS served Indians in other states.

2) Unlike most states served by IHS, Wyoming has not expanded Medicaid. Unless an additional **\$22.1 million** is provided to compensate, health care services that can be provided to Wind River Wyoming Indians will remain significantly less than is available to IHS served Indians in other states.

3) In addition, **\$51.2 million more** is required to achieve full parity with US average health expenditures.

Cumulatively, a grand total of **\$80.8 million** is required to reach full parity with the US population.

APPENDIX 1: Benchmark Resource Requirements Per User

HEALTH CARE RESOURCE REQUIREMENTS PER IHS USER - 2020 & 2017

Parity with National Health Expenditures with variations for Alaska versus Lower 48 States

National Health Expenditures	<i>2017 \$ per Person</i>	<i>2020 \$ per Person</i>	<i>% change</i>	<i>Comment</i>
Cat1: Health Care in Medical Care Settings	\$7,749	\$9,073	17.1%	personal health care
Cat2: Residential, Home, Nursing Homes etc.	\$1,329	\$1,556	17.1%	IHCIA authorized, unfunded
Cat3: Dental Care Services	\$393	\$460	17.0%	
Cat4: Public Health Programs & Services	\$255	\$299	17.3%	
Cat5: New Facilities & Equipment	\$340	\$398	17.1%	Separate IHS methodology
Cat6: Research and Federal Administration	\$284	\$333	17.3%	Not applicable
Sum of NHE Categories	\$9,726	\$11,388	17.1%	NHE Categories 1 - 4
Adjustments	\$0	\$0		None at this time
NHE Benchmark (gross cost)	\$9,726	\$11,388	17.1%	Per person gross cost

OMB All-Inclusive Rate Variations	<i>2017 \$ per unit</i>	<i>2020 \$ per unit</i>	<i>% change</i>	<i>2020 Ratio to L48</i>
Inpatient Day Rate - Lower 48	\$2,933	\$3,675	17.1%	100%
Inpatient Day Rate - Alaska	\$3,235	\$3,529	17.1%	96.03%
Outpatient Encounter Rate - Lower 48	\$391	\$479	17.1%	100%
Outpatient Encounter Rate - Alaska	\$616	\$710	17.1%	148.23%
AK Blended Ratio (30% Inpatient, 70% Outpatient)				132.6%

Gross Benchmark - Variations	<i>2017 \$ per user</i>	<i>2020 \$ per user</i>	<i>% change</i>	<i>2020 Ratio to All States</i>
Average - All States	\$9,726	\$11,388	17.1%	100%
Alaska only	\$13,365	\$14,620	17.1%	128.39%
Lower 48 states	\$9,322	\$11,029	17.1%	96.85%
Ratio: Alaska to Lower 48	143.4%	132.6%		

Alternate resources - Variations¹	<i>2017 \$ per user</i>	<i>2020 \$ per user</i>	<i>% change</i>	<i>Comment</i>
AIAN Deduction - all states	-\$3,584	-\$4,196	17.1%	
Alaska AIAN Deduction	-\$4,811	-\$5,263	9.4%	due to 2020 OMB rates
Lower 48 States Average AIAN Deduction	-\$3,447	-\$4,078	18.3%	due to 2020 OMB rates

Net Benchmark - Variations		<i>2020 \$ user</i>	<i>% change</i>	<i>2020 Ratio to All States</i>
Average - All states	\$6,142	\$7,192	17.1%	100%
Alaska only	\$8,554	\$9,357	9.4%	130.1%
Lower 48 states	\$5,875	\$6,950	18.3%	96.6%

1: IHCIF statute specifies that other resources available to AIANs be considered in calculating resources needed for Indian health care. The estimate is calculated from state-by-state percentages of AIANs covered by public insurance (primarily Medicaid) multiplied by the applicable benchmark for Alaska and the benchmark average in lower 48 states. This estimate covers: 1) 3rd party reimbursements for "in-system" services provided to IHS users, and 2) costs avoided for "out-of-system" services to IHS users that otherwise must be paid from IHS appropriations. The deduction is calculated from state level results from American Community Survey data analyzed and published by the Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/medicaid-and-american-indians-and-alaska-natives/>

APPENDIX 2: IHS Appropriations 2017 and 2020

IHS APPROPRIATIONS - 2017 and 2020

CATEGORY	2017		2020		% Net Change
	GROSS	NET	GROSS*	NET	
HOSPITALS & CLINICS	1,935,178,000	1,935,178,000	2,332,606,000	2,332,606,000	20.5%
IHCIF	0	0	72,273,000	72,273,000	na
DENTAL HEALTH	182,597,000	182,597,000	210,590,000	210,590,000	15.3%
MENTAL HEALTH	94,080,000	94,080,000	108,933,000	108,933,000	15.8%
ALCOHOL & SUB ABUSE	218,353,000	218,353,000	244,234,000	244,234,000	11.9%
PUBLIC HLTH NURSING	78,701,000	78,701,000	91,894,000	91,894,000	16.8%
HEALTH EDUCATION	18,663,000	18,663,000	20,568,000	20,568,000	10.2%
COMMUNITY HLTH REP	60,325,000	60,325,000	62,888,000	62,888,000	4.2%
IMMUNIZATION	2,041,000	2,041,000	2,127,000	2,127,000	4.2%
URBAN PROJECTS	47,678,000	0	59,053,000	0	
INDIAN HLTH PROFESSIONS	49,345,000	0	65,314,000	0	
TRIBAL MGMT	2,465,000	0	2,465,000	0	
DIRECT OPERATIONS	70,420,000	70,420,000	71,538,000	71,538,000	1.6%
CONTRACT SUPT COSTS	717,970,000	717,970,000	820,000,000	820,000,000	14.2%
TRIBAL SELF- GOVERNANCE	5,786,000	5,786,000	5,806,000	5,806,000	0.3%
REFERRED CARE 75X0390	928,830,000	928,830,000	975,856,000	975,856,000	5.1%
SDPI	150,000,000	150,000,000	150,000,000	150,000,000	0.0%
HCFC	117,991,000	0	259,290,000	0	
MAINTENANCE & IMPROVEMEN	75,745,000	75,745,000	168,952,000	168,952,000	123.1%
FACILITIES & ENVR SUPPORT	226,950,000	226,950,000	261,983,000	261,983,000	15.4%
EQUIPMENT	22,966,000	22,966,000	28,087,000	28,087,000	22.3%
SANITATION	101,772,000	0	193,577,000	0	
TOTAL	5,107,856,000	4,788,605,000	6,208,034,000	5,628,335,000	17.5%
TOTAL excluding IHCIF	5,107,856,000	4,788,605,000	6,135,761,000	5,556,062,000	16.0%

NET APPROPRIATIONS: Portions of IHS appropriations have long been used for purposes not comparable to any categories of National Health Expenditures. Sanitation (clean water and waste disposal) are examples. Such non-comparable IHS expenditures are excluded to yield "NET" IHS appropriations listed above for the purpose of comparing with national health expenditures. Similarly, some portions of National Health Expenditures are not comparable to any IHS expenditure or purpose. Research is an example. Non-compatible national expenditures are similarly excluded to yield the net NHE benchmark, e.g., an "apples-to-apples" comparison between net IHS appropriations and net national expenditures.

* 2020 Hospitals & Clinics = 2020 H&C amount + \$8,000,000 (realigned EHR). Both EHR and IHCIF overlap with H&C purposes.

APPENDIX 3: IHS Total and Per User Resources Required and Available, 2020 Calculations

#	UPDATE STEPS	2017 Value	2020 Value	% Change
CALCULATE NEEDED AND AVAILABLE RESOURCES IHS-WIDE TO REFLECT 2020 DATA				
1a	Calibrate the gross per user resource requirement (e.g., per person national health expenditures benchmark). Using 2020 data, the revised benchmark is \$11,388 per person, an 17.1% increase over the 2017 benchmark.	9,726	11,388	17.1%
1b	Calculate the Alaska gross per user benchmark relative to 2020 IHS all-inclusive reimbursement rate variations for Alaska and lower 48 states. The revised benchmark for Alaska tribes is \$14,620 per person, an 9.4% increase over the 2017 benchmark.	13,365	14,620	9.4%
1c	Calculate the lower 48 states gross per user benchmark relative to 2020 IHS all-inclusive reimbursement rate variations for Alaska and lower 48 states. The revised benchmark for lower 48 states tribes is \$11,029 per person, an 18.3% increase over the 2017 benchmark.	9,322	11,029	18.3%
2a	Recalibrate the per user alternate resource deduction . Using 2020 data, the revised offset is -\$4,196 per person, an 17.1% increase over the 2017 offset.	(3,584)	(4,196)	17.1%
2b	Recalculate the Alaska per user alternate resource deduction relative to 2020 IHS all-inclusive reimbursement rate variations for Alaska and lower 48 states. The revised offset for Alaska tribes is -\$5,263 per person, an 9.4% increase over the 2017 offset.	(4,811)	(5,263)	9.4%
2c	Recalculate the lower 48 states per user alternate resource deduction relative to 2020 IHS all-inclusive reimbursement rate variations for Alaska and lower 48 states. The revised benchmark for lower 48 states tribes is \$11,029 per person, an 18.3% increase over the 2017 benchmark.	(3,447)	(4,078)	18.3%
3a	Update the total IHS user count for 2020. The revised total user count is 1,629,541, a 1.3% increase over 2017.	1,608,044	1,629,541	1.3%
3b	Add 3.6% for active users residing outside service area boundaries , e.g. for active users that are not included in total user counts. The revised additional users is 58,663, an 1.3% increase over 2017.	57,892	58,663	1.3%
3c	Recalculate adjusted IHS user count total (3a + 3b). The revised adjusted user count is 1,688,204, a 1.3% increase over 2017.	1,665,936	1,688,204	1.3%

APPENDIX 3: IHS Total and Per User Resources Required and Available, 2020 Calculations

	UPDATE STEPS	2017 Value	2020 Value	% Change
4a	Calculate total gross required resources . (3c X 1a) The revised gross required resources is \$19.2b, an 18.7% increase over the 2017 amount.	16,202,894,000	19,225,273,000	18.7%
4b	Calculate total alternate resource offset . (3c X 2a) The revised alternate resources estimate is \$7.1b, an 18.7% increase over the 2017 amount.	(5,970,019,000)	(7,083,626,000)	18.7%
4c	Calculate total net required resources . (4a + 4b) The revised total net required resources is \$12.1b, an 18.7% increase over the 2017 amount.	10,232,875,000	12,141,647,000	18.7%
5a	Update net IHS appropriations for 2020. Net indicates exclusion of IHS appropriations for purposes not comparable to national health expenditures, e.g., sanitation and waste facility expenditures, etc. The revised net appropriations is \$5.63b, an 17.5% increase over the 2017 amount.	4,788,605,000	5,628,335,000	17.5%
5ai	Update net IHS appropriations excluding IHCIF . The revised net is \$5.56b, an 16% increase over the 2017 amount.	4,788,605,000	5,556,062,000	16.0%
5b	Update net total benefits of IHS resources (combines allocations plus indirect benefits from all IHS levels plus adjustments for 30-year amortized IHS facility construction costs plus 2018 IHCIF). The 2020 net total available IHS resources is \$5.84b, an 17.5% increase over the 2017 amount.	4,973,761,000	5,843,169,460	17.5%
5c	Update average per user available resources by dividing 2020 available resources (5b) by the revised adjusted 2020 user count (3c). The 2020 net available resources per user is \$3,461, an 15.9% increase over the 2017 amount. Although net total benefits of IHS resources increased 17.5%, the 15.9% increase per user is a little less due to population growth during that time.	2,986	3,461	15.9%
CALCULATE THE 2020 IHS WIDE AVAILABLE RESOURCES PERCENTAGE				
6	Calculate the 2020 IHS resources available percentage (5b / 4c), e.g., Level of Need Funded (LNF) ratio as calculated by the IHS. The percentage decreased slightly from 48.6% in 2017 to 48.1% in 2020, a decrease of .5%.	48.6%	48.1%	-0.5%

APPENDIX 3: IHS Total and Per User Resources Required and Available, 2020 Calculations

AFTER DEDUCTING ALTERNATE RESOURCES AVAILABLE TO IHS USERS, CALCULATE NET ADDITIONAL RESOURCES REQUIRED TO RAISE THE IHS SYSTEM TO 100% (in 10% increments)				
		IHS Appropriations Available in 2020	Increments	Revised %
7a	Net resources needed to raise the IHS system % from 48% to 60%	5,843,169,000	1,441,819,000	60%
7b	Net resources needed to raise the IHS system % from 48% to 70%	5,853,836,000	2,655,983,000	70%
7c	Net resources needed to raise the IHS system % from 48% to 80%	5,853,836,000	3,870,148,000	80%
7d	Net resources needed to raise the IHS system % from 48% to 90%	5,853,836,000	5,084,313,000	90%
7e	Net resources needed to raise the IHS system % from 48% to 100%	5,853,836,000	6,298,478,000	100%

Percentages are Relative to Net Total IHS System Resources Required which is \$12,152,314,000
 (2020 IHS Available + Increment) / \$12,152,314,000

APPENDIX 4: Wind River Resources Required and Available, 2020 Calculations

#	UPDATE STEPS	2017 Value	2020 Value	% Change
CALCULATE WIND RIVER REQUIRED AND AVAILABLE RESOURCES FOR 2020				
1a	Update the Wind River user count for 2020. The 2020 Wind River user count is 11,773, an 10.1% increase over the 2017 count.	10,697	11,773	10.1%
1b	Add an estimate of 2020 Wind River active users residing outside Wind River service area boundaries. Add non-resident users in proportion to the 2017 ratio (665/10,697=6.2%). The revised additional users is 730, an 9.8% increase over the 2017 count.	665	730	9.8%
1c	Recalculate the 2020 Wind River user count to include non resident active users. The adjusted 2020 Wind River user count total is 12,503, an 10% increase over the 2017 count.	11,362	12,503	10.0%
2a	Recalculate the lower 48 states per user benchmark relative to 2020 IHS all-inclusive reimbursement rate variations for Alaska and lower 48 states. The revised benchmark for lower 48 states tribes is \$11,029 per person, an 18.3% increase over the 2017 benchmark.	9,322	11,029	18.3%
2b	The Wind River local economic and health conditions adjustment to the lower 48 states benchmark was +\$615 per Wind River user in 2017. Recalibrate it to reflect an 18.3% increase in national health expenditures from 2017 to 2020. The revised adjustment is +\$728 per user, an 18.3% increase over the 2017 adjustment.	615	728	18.3%
2c	Recalculate the 2020 Wind River per user resource requirement (2a + 2b). The gross 2020 Wind River per user resource requirement is \$11,756, an increase of 18.3% over the 2017 amount, e.g., prior to alternate resources offset.	9,937	11,756	18.3%
3a	Recalibrate the Wind River per user alternate resource offset for 2020 consistent with the percentage increase in national health expenditures (1c). The revised per user offset for 2020 is -\$2,427, an 18.3% increase over the 2017 offset.	(2,051)	(2,427)	18.3%
3b	Recalculate the 2020 Wind River total alternate resource offset by multiplying 2020 Wind River users by the revised 2020 Wind River offset per user (1c X 3a). The resulting offset is \$30,345,000, an increase of 30.2% over the 2017 amount which is due both to increased benchmark and Wind River users. The offset reflects both cost avoidance when others pay for services obtained by Wind River users outside Wind River facilities plus potential collections for services Wind River facilities provides to users.	23,303,000	30,345,000	30.2%

APPENDIX 4: Wind River Resources Required and Available, 2020 Calculations

UPDATE STEPS	2017 Value	2020 Value	% Change
3c	Recalculate the net Wind River per user resource requirement for 2020 by subtracting the 2020 per user offset from the gross 2020 Wind River per user resource requirement (2c + 3a). The net per user requirement for Wind River in 2020 is \$9,329, an increase of 18.3% over the 2017 amount.		
	7,886	9,329	18.3%
3d	Recalculate the net total requirement for 2020 (1c X 3c). The net total resource requirement for Wind River in 2020 is \$116,640,000 an increase of 30.2% over the 2017 amount.		
	89,601,000	116,640,000	30.2%
CALCULATE NET 2020 WIND RIVER RESOURCES AVAILABLE			
4a	The net per person IHS resources directly allocated to Wind River in 2017 was \$1,785.		
	1,785	na	
4b	The net per person IHS resources indirectly benefiting Wind River in 2017 was \$760.		
	760	na	
4c	The net per person IHS resources (direct + indirect) available to Wind River in 2017 was 2,545.		
	2,545	na	
4d	Recalibrate total IHS resources benefiting Wind River users (direct + indirect) to reflect 2020 IHS appropriations (excluding IHCIF) which increased 16%, e.g., add 16% to Wind River net available resources. A precise accounting of IHS funding allocations in 2020 would likely yield a modestly different total. However, because year-to-year allocation practices are consistent, this is probably a good approximation.		
	28,916,000	33,550,000	16.0%
4e	Add the 2018 Indian Health Care Improvement Fund formula allocation to Wind River (recurring beginning in 2018).		
	2,247,366	2,247,366	0%
4f	Recalculate total 2020 resources benefiting Wind River users (4d + 4e). The resulting available resources is \$35,797,000, an increase of 14.9% over the 2017 amount.		
	31,163,000	35,797,000	14.9%
4g	Calculate available resources per 2020 Wind River user (4f / 1c). The resulting value is \$2,863 per Wind River user, an increase of 4.4% over the 2017 value.		
	2,743	2,863	4.4%
5	Calculate the 2020 Wind River resources available percentage (4f / 3d), e.g., Level of Need Funded (LNF) ratio as calculated by the IHS. The percentage decreased to from 34.8% in 2017 to 30.7% in 2020, a decrease of 4.1%. The primary explanation is that incoming available resources did not keep pace with increasing Wind River user population.		
	34.8%	30.7%	-4.1%

APPENDIX 4: Wind River Resources Required and Available, 2020 Calculations

AFTER DEDUCTING ALTERNATE RESOURCES AVAILABLE TO WIND RIVER USERS, CALCULATE NET ADDITIONAL RESOURCES REQUIRED TO RAISE THE WIND RIVER SYSTEM TO 100% (in 10% increments)		Estimated Value of Appropriations Available	Increments	Revised %
6a	Net resources needed to raise the Wind River system % from 31% to 40%	35,797,000	10,859,000	40%
6b	Net resources needed to raise the Wind River system % from 31% to 50%	35,859,000	22,523,000	50%
6c	Net resources needed to raise the Wind River system % from 31% to 60%	35,859,000	34,187,000	60%
6d	Net resources needed to raise the Wind River system % from 31% to 70%	35,859,000	45,851,000	70%
6e	Net resources needed to raise the Wind River system % from 31% to 80%	35,859,000	57,515,000	80%
6f	Net resources needed to raise the Wind River system % from 31% to 90%	35,859,000	69,179,000	90%
6g	Net resources needed to raise the Wind River system % from 31% to 100%	35,859,000	80,843,000	100%

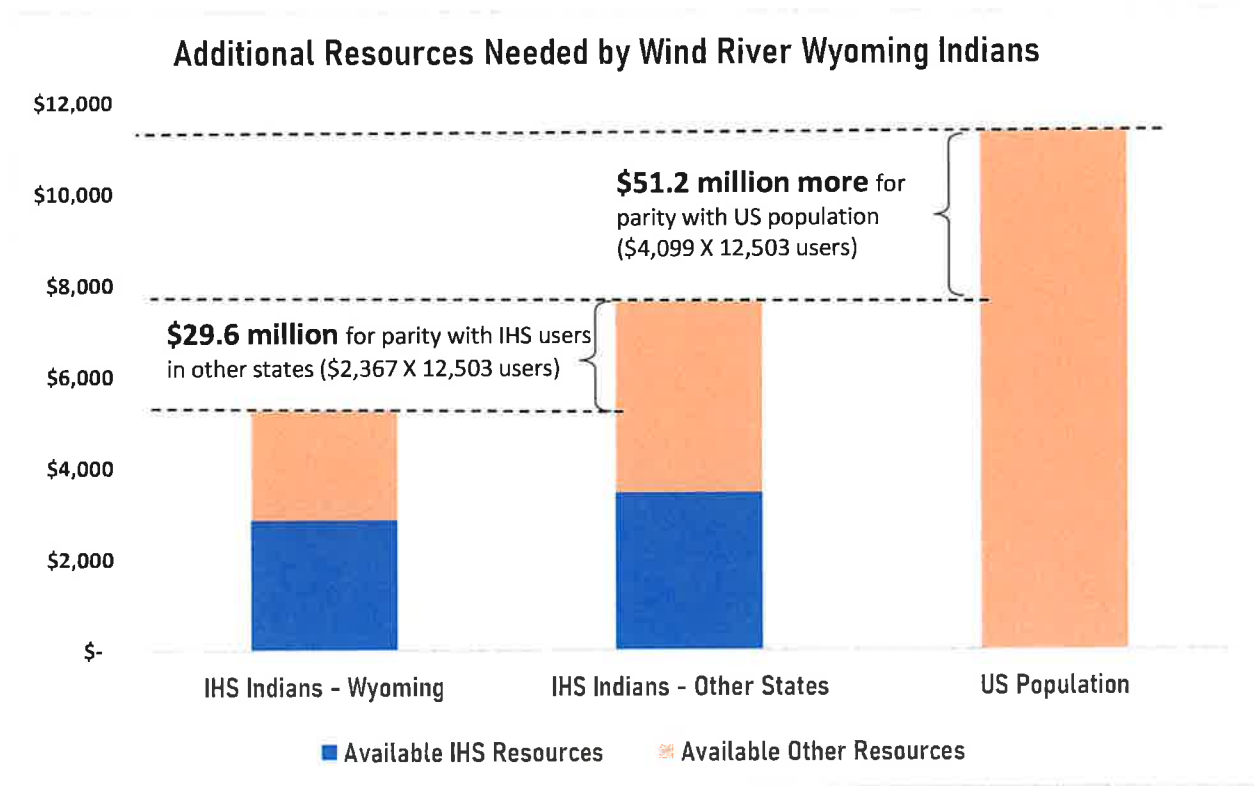
Percentages are Relative to Net Total Wind River System Resources Required which is \$116,702,000
(2020 IHS Available + Increment) / \$116,702,000

APPENDIX 5: Available Indian Health Resource Percentages by State

A 65% gap in available Indian health care resources in Wyoming ranks last among states as measured by the IHS Level Of Need Funded Methodology in 2018

The table shows resources needed, IHS appropriation resources available, and the resulting tribal health care resources gap in states served by the IHS. Indian Health Care Improvement Fund formula allocations in 2018 raised available resources of the worst funded tribes, which included both Wyoming tribes, to 34.8% of need.							
STATES (with IHS served tribes)	STATE AGGREGATE						
	IHS USER* POPULATION	NET IHS RESOURCES NEEDED*	IHS RESOURCES AVAILABLE*	% AVAILABLE	RANK	RESOURCES UNAVAILABLE	% ** UNAVAILABLE
Mississippi	10,899	64,292,000	55,558,000	86.4%	1	8,734,000	13.6%
Rhode Island	632	3,924,000	3,017,000	76.9%	2	907,000	23.1%
Massachusetts	1,199	7,628,000	5,095,000	66.8%	3	2,533,000	33.2%
Maine	4,697	27,748,000	17,948,000	64.7%	4	9,800,000	35.3%
Alaska	166,431	1,384,461,000	862,700,000	62.3%	5	521,761,000	37.7%
Nebraska	14,022	106,236,000	61,733,000	58.1%	6	44,503,000	41.9%
New Mexico	181,156	880,426,000	492,844,000	56.0%	7	387,582,000	44.0%
Arizona	294,636	1,551,110,000	823,325,000	53.1%	8	727,785,000	46.9%
Oregon	24,960	148,769,000	76,988,000	51.8%	9	71,781,000	48.2%
South Dakota	88,670	554,573,000	284,962,000	51.4%	10	269,611,000	48.6%
Connecticut	1,921	12,188,000	6,144,000	50.4%	11	6,044,000	49.6%
North Carolina	13,400	75,633,000	37,245,000	49.2%	12	38,388,000	50.8%
Nevada	21,905	151,007,000	74,145,000	49.1%	13	76,862,000	50.9%
New York	16,676	97,937,000	47,147,000	48.1%	14	50,790,000	51.9%
Montana	62,172	416,648,000	196,866,000	47.2%	15	219,782,000	52.8%
California	90,678	555,818,000	259,308,000	46.7%	16	296,510,000	53.3%
North Dakota	29,428	210,134,000	95,507,000	45.5%	17	114,627,000	54.5%
Idaho	18,135	107,199,000	48,127,000	44.9%	18	59,072,000	55.1%
Washington	73,540	472,478,000	210,415,000	44.5%	19	262,063,000	55.5%
Iowa	1,874	12,572,000	5,425,000	43.2%	20	7,147,000	56.8%
Colorado	6,639	41,850,000	17,590,000	42.0%	21	24,260,000	58.0%
Michigan	30,265	181,220,000	75,715,000	41.8%	22	105,505,000	58.2%
Oklahoma	377,809	2,267,361,000	943,236,000	41.6%	23	1,324,125,000	58.4%
Minnesota	45,574	276,378,000	114,382,000	41.4%	24	161,996,000	58.6%
Utah	8,907	68,781,000	27,152,000	39.5%	25	41,629,000	60.5%
Texas	3,197	25,165,000	9,841,000	39.1%	26	15,324,000	60.9%
Louisiana	1,941	14,075,000	5,302,000	37.7%	27	8,773,000	62.3%
Wisconsin	44,845	295,273,000	109,965,000	37.2%	28	185,308,000	62.8%
Florida	6,449	45,175,000	16,520,000	36.6%	29	28,655,000	63.4%
Kansas	6,941	51,531,000	18,217,000	35.4%	30	33,314,000	64.6%
Alabama	2,915	19,621,000	6,836,000	34.8%	31	12,785,000	65.2%
South Carolina	2,061	14,533,000	5,063,000	34.8%	32	9,470,000	65.2%
Wyoming	11,362	91,048,000	31,720,000	34.8%	33	59,328,000	65.2%
IHS All States	1,665,936	10,232,792,000	5,046,038,000	49.3%		5,186,754,000	50.7%

APPENDIX 5: Available Indian Health Resource Percentages by State



* Includes the 2018 IHCIF allocation (\$72m) which raised the average LNF to 49.3% and raised the Wyoming LNF to 34.8%. Indians who are not active IHS users are excluded. Resources needed are calculated for parity with national health care expenditures. Calculations for tribes are adjusted for local economic and health status conditions among Indians and discounted for other resources available to them, chiefly health care insurance, Medicare and Medicaid. Available IHS appropriations exclude expenditures for purposes not comparable to national health expenditure data but include relevant expenditures at any level of the IHS/Tribal system.

** *Unavailable percentage* in the table refers to unavailable resources compared to net required IHS resources. *Net required IHS resources* is the balance needed after offsetting resources available from other sources, e.g., insurance coverage.

- - *Parity* refers a comparison with 2020 US National Health Expenditures Per Person.

IHS Indians refer to active Indian users of IHS and Tribal health programs. Indians not using IHS are excluded.

Available IHS resources refer to IHS appropriations with purposes comparable to categories of National Health Expenditures.

Available Other resources refer to estimated value of health insurance coverage and expenditures, which for Indians is primarily Medicare, Medicaid, and ACA plans.