

National Indian Health Board



January 17, 2011

2010 Year in Review in Indian Health Policy 2nd Session of the 111th Congress

2010 was a historic year in Indian health policy. This memo reviews the great achievements in national Indian health policy and the accomplishments as measured by the Board adopted NIHB 2010 legislative and policy agenda. Highlights that make 2010 such a historic year in Indian health policy include:

Passage of the Permanent Reauthorization of the Indian Health Care Improvement Act (IHCIA). Indian Country has labored for over 11 years to reauthorize and modernize the IHCIA. That dream was finally realized by the 111th Congress and achieved on March 23, 2010.

Incorporation of Indian Country Recommendations in the Patient Protection and Affordable Care Act. Indian Country involvement in the health care reform debate was to ensure that the final legislation (i) properly protects Indian people and the Indian health delivery system, and (ii) maximizes their ability to enjoy the benefits offered by HCR. Such provisions were included in the final historic Patient Protection and Affordable Care Act.

Establishment of the Secretary's Tribal Advisory Committee (STAC). As a result of the NIHB 2008 Transition work, the STAC is the first-ever tribal advisory committee to work directly with a HHS Secretary. This committee will bring an extra level of attention to the government-to-government relationship between HHS and Tribal governments. It also will allow for direct tribal guidance and input on HHS priorities, policies and budget.

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NIHB Legislative and Policy Agenda for the 111 th Congress and Obama Administration	2010 Accomplishments in Indian Health Policy
<p>Ensure Passage and Enactment of the Reauthorization of the Indian Health Care Improvement Act (IHCIA)</p> <ul style="list-style-type: none"> • Work to ensure that the reauthorization of the IHCIA is passed, with no regression from current law. • Work with Tribes, Tribal Organizations and the Indian Health Service on the education and implementation of new authorities. 	<ul style="list-style-type: none"> ✓ IHCIA, as part of the Patient Protection and Affordable Care Act, was signed into law on March 23, 2010. • There was no regression in law. The passed and enacted version of IHCIA included the authority to make this Act permanent and many other key authorities that tribal advocates have been seeking since 1999.

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	<ul style="list-style-type: none"> • NIHB held and participated in many outreach and education activities: <ul style="list-style-type: none"> ○ April: Hosted 1st Annual IHCIA & ACA Training & Celebration ○ May: NIHB Public Health Summit ○ June: NCAI Mid Year Conference ○ July: MAST meeting ○ August: Direct Service Tribes ○ September: NIHB ACC Conf. ○ October: OKCAIHB meeting ○ December: GPTCHB training • In September, NIHB received a grant from IHS for the national Indian health outreach and education on the IHCIA and ACA (NIHOE). Activities included: <ul style="list-style-type: none"> ○ September: NIHB ACC Conference ○ October: NIHB/NCAI Conference Call on Federal Employees Health Benefits ○ November: NCAI conference ○ December: Webinar on State based Exchanges with NCAI • Submitted letters regarding consultation on IHCIA provisions <ul style="list-style-type: none"> ○ July 1 – HHS/IHS Consultation on implementation priorities ○ November 5 – IHS/OPM Consultation on the Federal Employees Health Benefit
<p>Advocate for Passage of Health Care Reform Legislation in a Manner that Makes Certain American Indian and Alaska Native Priorities are Respected and Included</p> <ul style="list-style-type: none"> • Ensure Tribal input on any proposals regarding health care reform matters that may impact Tribes and the reform of the Indian Health Service. • Work with Tribes, Tribal Organizations and the Indian Health Service on the education and implementation of new authorities. 	<ul style="list-style-type: none"> ✓ The Patient Protection and Affordable Care Act was signed into law on March 23, 2010. NIHB actively promoted Indian Country’s priorities in this legislation and ensured provisions to protect and support the Indian health system were included in the final health care reform legislation. • See outreach and education activities above • Responded to numerous request for comments under this new law including: <ul style="list-style-type: none"> ○ May: Negotiated Rulemaking on Medically Underserved Area and HPSA ○ September: Pre-Existing Condition Insurance Plan Program ○ October: State Based Exchanges Regulation Comment ○ December: State Based Exchanges in response to consultation

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<p>Secure the Reauthorization of the Special Diabetes Program for Indians (SDPI)</p> <ul style="list-style-type: none"> Advocate for introduction of Senate Bill and enactment of SDPI Reauthorization. 	<p>✓ SDPI reauthorization legislation was included in the Medicare and Medicaid Extenders Act of 2010, which was enacted into law December 2010. SDPI is reauthorized for \$150 million per year through September 2013.</p> <ul style="list-style-type: none"> NIHB Vice-Chairman Buford Rolin testified before the Health Subcommittee of the House Energy and Commerce Committee held a hearing on Diabetes.
<p>Promote the Tribal Priorities Within the Substance Abuse and Mental Health Services Administration (SAMHSA) Reauthorization</p>	<p><i>A bill was introduced in the House to reauthorize SAMHSA but did not passed.</i></p>
<p>Ensure the Enactment of Title VI of the Indian Self-Determination and Education Assistance Act (ISDEAA): Expansion of ISDEAA to HHS programs.</p>	
<p>Advocate for the Reauthorization of Title VII of the Public Health Service to Increase Numbers of Health Professional such as Physicians, Nurses, Pharmacists, Dentists and Mid-Level Practitioners in Indian Country Through Recruitment and Scholarships</p>	<p>Executed Pathways into Health activities</p>
<p>Improving the Health and Wellness of our Children</p> <p><u>Childhood Obesity</u></p> <ul style="list-style-type: none"> Work with Congress to secure passage of Childhood Obesity Resolution, H.RES.996. Work with Congress to develop and pass Childhood Obesity legislation with provisions and funding specific for Indian Country. <p><u>Suicide Prevention</u></p> <ul style="list-style-type: none"> Work with Congress to increase the number of programs and support available to Tribal communities to address the epidemic of suicide among AI/AN youth. 	<p><u>Childhood Obesity</u></p> <ul style="list-style-type: none"> Childhood Obesity Resolution, H.RES.996, which established September as Childhood Obesity Awareness Month passed. In addition, NIHB worked with House members to include language regarding Indian Country in this resolution. NIHB participated in Hill briefings on this issue. NIHB worked on the First Lady’s initiative “Let’s Move” since its launch in Feb. 2010. Indian country specific “Let’s Move Indian Country” was announced by White House Jan. 2011. <p><u>Suicide Prevention</u></p> <ul style="list-style-type: none"> Participated in youth suicide summit.

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<p>Elevate issues facing our Elders:</p> <ul style="list-style-type: none"> • Complete comprehensive report on Long Term Care in Indian Country. • Improve AI/AN access to existing long term care home and community based programs 	<p>Increased attention on Elders</p> <ul style="list-style-type: none"> • IHCIA included in health care reform updates and modernizes the long term care provisions.
<p style="text-align: center;"><u>Appropriations</u></p> <ol style="list-style-type: none"> Secure Increased Indian Health Appropriations <ul style="list-style-type: none"> • Advocate for increased Contract Support Cost funding. • Increase in Contract Health Services. • Protect IHS Funding From Rescissions. • New authorized programs included in IHCIA. Elevate Issues Facing Our Elders <ul style="list-style-type: none"> • Improve AI/AN access to existing Long Term Care, home and community-based programs and sources of funding. Secure Tribal-Specific Funding for Mental Health and Substance Abuse Programs. <ul style="list-style-type: none"> • Ensure Tribal set aside of SAMSHA grant funding. • Optimize complimentary funding through other agency appropriations. Ensure Our Veterans Receive the Care They Deserve <ul style="list-style-type: none"> • Seek Veteran’s Affairs reimbursement to IHS/Tribal facilities for services provided to AI/AN Veterans. Health Information Technology <ul style="list-style-type: none"> • Work to access funding from the American Recovery and Reinvestment Act for the development and implementation of health information technology (Health IT) throughout Indian Country. 	<p>✓ Increased appropriations for Indian health in President’s Fiscal Year 2011 budget request, which included an 8% increase over the FY 2010 level. IHS Budget Highlights: Clinical Services request of \$3.2 billion, an 8% increase; Contract Health Services request of \$862 million, a 10% increase and Contract Health Support Costs request of \$444 million, a 10% increase</p> <ul style="list-style-type: none"> • Buford Rolin, Vice Chairman, testified before the House Interior Appropriations Subcommittee hearing on March 23, 2010 regarding the FY 2011 Indian Health Service Budget Priorities. • Conduct initial analysis of President’s budget and disseminated widely.
	<p>Increased Consultation between HHS/IHS and Tribes</p> <ul style="list-style-type: none"> • Contract Health Service Consultation • IHS-VA MOU. NIHB submitted comments in response to the Dear Tribal Leader Letter.
	<p>Secretary of HHS established Secretary’s Tribal Advisory Committee.</p>