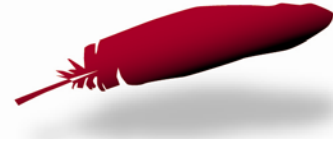


National Indian Health Board



January 27, 2010

2009 Year in Review in Indian Health Policy

1st Session of the 111th Congress

Last year, with a new Administration and Congress, the Board of Directors for the National Indian Health Board (NIHB) established its 2009 legislative agenda, and great strides have been made in many of those items identified. Attached is a review of the accomplishments in the NIHB 2009 legislative agenda and Indian health policy. Overall, 2009 will be remembered as a defining year in Indian health policy with highlights including:

Indian-specific provisions in Medicare, Medicaid and Children's Health Insurance Program. In previous years, a part of the Indian Health Care Improvement Act (IHCIA) reauthorization legislation has been a number of provisions to amend the Social Security Act to improve individual Indian access to Medicare, Medicaid and Children's Health Insurance Program, and to assure that Indian health care providers can participate in those critical federal programs. In February 2009, these goals were achieved when President Obama signed into law the American Recovery and Reinvestment Act of 2009 and Children's Health Insurance Program Reauthorization Act of 2009 bills, which both contained long-sought Medicare, Medicaid and Children's Health Insurance Program provisions.

Indian Health Care Improvement Act. Indian Country has labored for many years to reauthorize and modernize the IHCIA and that effort continues in the 111th Congress. A House bill, H.R. 2708, and Senate bill, S. 1790, were introduced and by the end of the year, both bills were included as part of national health care reform bills. Both the House and Senate voted and passed its version of the health care reform legislations with IHCIA included.

Indian Country Issues in Health Care Reform. The high priority focus on health care reform (HCR) by the 111th Congress and the Obama Administration has forced Indian Country to widen the scope of its involvement in health-related legislation. Indian Country involvement in the HCR debate is required to assure that HCR legislation (i) properly protects Indian people and the Indian health delivery system, and (ii) maximizes their ability to enjoy the benefits offered by HCR.

Last spring, NIHB, NCAI and NCUIH issued a comprehensive statement of Indian Country recommendations for HCR. Through regional meeting, Tribes and Tribal Organizations reviewed and supported the joint paper and issued additional statements identifying their major issues and goals for HCR. Based on these recommendations, the national organizations work diligently to assure that the priorities identified by Indian Country are included in the final health care reform legislation.

2010 Legislative and Regulatory Agenda

NIHB will continue to work to ensure that the legislative matters not completed in 2009, such as the passage of the reauthorization of the IHCIA, will be accomplished. In addition, the Board of Directors for the NIHB will identify new priorities to focus the work of the NIHB's legislative team.



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NIHB Legislative and Policy Agenda for the 111th Congress and Obama Administration

Ensure the implementation of the NIHB recommendations to the Presidential Transition Team as set forth by the NIHB Resolution 08-02.

- President create a White House Initiative on American Indian and Alaska Native (AI/AN) Health Care.
- President elevate the Director of the Indian Health Service (IHS) to an Assistant Secretary of Indian Health within the Department of Health and Human Services.
- Require Federal government to consult with Indian Tribes, create a Tribal Liaison Office directed by an AI/AN in each of the Federal agencies and including the Office of Management and Budget.
- President submit a budget to Congress that requests full funding reflecting 100% of the needs to support the Indian health care delivery system.
- President ensure that any health care reform advanced by the President and his Administration must include the Indian health delivery system, that Indian Tribes be at the table in the development of any universal health care or other health care reform efforts, including efforts to integrate other Federal health programs such as Medicare, Medicaid, Veterans' Affairs, Department of Defense, and private insurance.

2009 Accomplishments in Indian Health Policy

The Obama Administration establishes and implements new policies and positions in support of Indian health policy.

- *Legislation to elevate the Director was recommended to be included in the Indian Health Care Improvement Act as part of the final health care reform legislation.*
- President Obama appoints Dr. Yvette Roubideaux as IHS Director, Jodi Gillette as Deputy Associate Director of the Office of Intergovernmental Affairs and Kim Teehee as Senior Policy Advisor for Native American Affairs to the White House Domestic Policy Council.
- President Obama submits a budget with 13% increase to the Indian Health Services (IHS) FY 2010 budget.
- Although the President has not signed a health care reform bill into law, the Administration has supported key provisions to support Indian Country in health care reform. Also, the Senate and House bills included key provisions to protect and support the Indian health care delivery system in health care reform.

Advocate for the passage and enactment of the Indian Health Care Improvement Act (IHCIA) within the first 100 days

A bill to reauthorize the IHCIA was not passed within the first 100 days. However, a House bill (H.R. 2708) was introduced 6/4/2009 and a Senate bill (S. 1790) was introduced 10/15/2009. Then, IHCIA was included in national health care reform legislation, which is currently pending. In addition to ongoing support of the National Steering Committee (NSC), Tribes and Tribal Organizations, other NIHB activities included:

- Andy Joseph, Jr., NIHB Member at Large and Portland Area Representative and Rachel Joseph, Co-Chair of National Steering Committee testified before the House Committee on Natural Resources, June 2009.
- Andy Joseph, Jr., and Rachel Joseph testified before the House Energy and Commerce’s Health Subcommittee hearing on October 2009.

Secure Indian specific provisions and appropriations in the economic stimulus package:

- Include IHCIA in package: Passage would create healthy workforce, create jobs through health professional recruitment and retention authorities, and through health facility construction and infrastructure.
- Health facility infrastructure:
 - Hospitals and clinics.
 - Youth and behavioral health residential treatment facilities.
 - Long term care facilities.

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law on February 17, 2009.

Appropriations: \$415 million for Indian Health Facilities and \$85 million for IHS Health Information Technology.

Indian health provisions include:

- Protection of Indians from premiums and cost sharing under Medicaid and CHIP.
- Exemption of certain Indian property from consideration for Medicaid and CHIP eligibility.
- Codification in law of current policy which protects certain Indian property from Medicaid estate recovery.
- Protections for individual Indians and Indian health care providers in states which operate Medicaid through managed care organizations.
- Continuation and expansion of CMS Tribal Technical Advisory Group.
- Requires States to consult with I/T/Us within the State on proposed changes to Medicaid and CHIP programs.

Promote Indian Country’s priorities in health care reform legislation

- Ensure Tribal Input on any proposals to reform the Indian Health Service.
- Ensure Indian health delivery system is an integral component of any health care reform initiative through Tribal consultation, consistent with NIHB health care reform workgroup key priorities.

NIHB actively promoted Indian Country’s priorities in health care reform legislation.

- NIHB participates in discussions regarding reforming IHS held in October 2009.
- NIHB, NCAI and NCUIH issued a joint paper on Indian Country’s recommendations for health care reform, May 2009.
- NIHB staff travels to Areas to share joint paper and attend Areas’ discussions on health care reform –
 - Alaska, May 2009
 - Billings, June 2009
 - Nashville, June 2009
 - Bemidji, June 2009
- NIHB Vice Chairman Rolin testified before the Senate Committee on Indian Affairs on health care reform, June 2009.
- Continue to work to ensure final health care reform bill contains key IHCIA and non-IHCIA Indian specific provisions.

Secure increased Indian health appropriations

- Increase in Contract Support Costs.
- Increase in Contract Health Services.
- Increase in Health Care Facility construction.
- Appropriate funding of \$250 million (PEDFAR).
- Protections from Appropriations Rescissions.

Increased appropriations for Indian health in Fiscal Year 2010

- 41% Increase in Contract Support Costs.
- 23% Increase in Contract Health Services.
- In ARRA, \$415 authorized for Health Care Facility construction.
- PEDFAR funding of \$250 million.

Elevate issues facing our Elders:

- Complete comprehensive report on Long Term Care in Indian Country.
- Improve AI/AN access to existing long term care home and community based programs

Increased attention on Elders

- NIHB and CMS TTAG issued a report titled “An Overview of Long-Term Care in Indian Country” in January 2009
- *Pending IHCIA legislation included in health care reform updates and modernizes the long term care provisions.*

Secure increase funding for mental health and substance abuse programs.

- SAMSHA reauthorization.
- Ensure Tribal set aside of SAMSHA grant funding.
- Create a statutory AI/AN specific grant program (similar to SDPI).

Introduction of Senate bill S. 1635 – Seventh Generation Promise: Indian Youth Suicide Prevention Act.

Obtain technical corrections to the Deficit Reduction Act (Medicaid)

- Medicaid cost sharing exemptions.
- Tribal enrollment cards as proof of US citizenship.
- Ensure tribal consultation in the development of State Plan amendments that provide greater flexibility and expansion of Medicaid services to Tribal communities.

Achieve corrections in the ARRA and CHIP reauthorization

- ARRA: Protection of Indians from premiums and cost sharing under Medicaid and CHIP.
- CHIP: Makes tribal enrollment document the equivalent of a U.S. passport for the purpose of proving U.S. citizenship for Medicaid eligibility.
- ARRA: Requires States to consult with I/T/Us within the State on proposed changes to Medicaid and CHIP programs.

Tribes participated in CMS Tribal Consultation regarding new ARRA and CHIP provisions, July 2009.

Obtain technical corrections to the Medicare Prescription Drug Act:

- Cost of prescriptions drugs provided by or through I/T/Us to count towards true out of pocket expenses for AI/ANs.

Health care reform legislation contains language to address cost of prescriptions drugs provided by or through I/T/Us to count towards true out of pocket expenses for AI/ANs.

Ensure the health future of children.

- CHIP Reauthorization and Indian specific provisions

The Children’s Health Insurance Program Reauthorization Act of 2009 was signed into law on February 4, 2009.

- Makes tribal enrollment document the equivalent of a U.S. passport for the purpose of proving U.S. citizenship for Medicaid eligibility.
- To improve access of Indians to Medicaid and CHIP, requires CMS to encourage States to provide for enrollment services on and near Indian reservations.
- Makes the 10% cap on State CHIP outreach expenses inapplicable to expenditures for outreach to Indian children.

Advocate for increase numbers of health professionals in Indian Country through recruitment and scholarships.

- Reauthorization of Title VII of the Public Health Service.

Ensure our veterans receive the care they deserve.

- Veteran’s Affairs reimbursement to IHS/Tribal facilities for services provided to AI/AN veterans.

NIHB Board of Director, Portland Area Representative and Member At Large, Andy Joseph testified before the Senate Committee on Veteran’s Affairs regarding VA and IHS, November 2009.

Ensure the enactment of Title VI of the Indian Self-Determination and Education Assistance Act (ISDEAA): expansion of ISDEAA to HHS programs.

[Not identified]

Addressing federal tax treatment of health care benefits provided by tribal governments to their citizens

- NIHB Board Member and Portland Representative, Andy Joseph testified before the Senate Committee on Indian Affairs, September 2009.
- H.R. 3608 – Tribal Health Benefits Clarification Act of 2009 was introduced
- *Legislative language was included in the health care reform bills.*

[Not identified]

Advocate for the reauthorization of the Special Diabetes Program for Indians (SDPI)

- *H.R. 3668 was introduced to reauthorize the SDPI, September 2009*

[Not identified]

Raise awareness regarding Childhood Obesity issues in Indian Country

- *Worked with House members to include language regarding Indian Country in resolution to establish September as Childhood Obesity Awareness Month*

[Not identified]

Advocate for the elimination of the sunset clause for Medicare Part B reimbursements for Indian hospitals and clinics

- *House bill H.R. 4313 introduced*
- *Currently, Section 2902 of the Senate Health Care Reform bill (H.R. 3590) contains the same language as H.R. 4313.*