



INSIDE THIS ISSUE

NIHB, NCAI, NCUIH Release Health Reform Survey

Shutdown Looms, Supercommittee without Plan

Appeals Court Upholds Individual Mandate

NIHB UPDATES

NIHB, NCAI, NCUIH Release Health Reform Survey

The National Congress of American Indians (NCAI), the National Indian Health Board (NIHB), and the National Council of Urban Indian Health (NCUIH) have been jointly awarded a grant from the Indian Health Service (IHS) to collaborate on the National Indian Health Education and Outreach initiative.

Through this partnership, our organizations are working together to develop the necessary tools and resources to assist Tribal nations and their communities in making more informed decisions about their new health care options under the Patient Protection and Affordable Care Act (ACA).

In order to have a better understanding of what resources and tools tribal nations and their communities might need regarding health care delivery and options, we are encouraging tribal leaders, American Indian and Alaska Native

community members, tribal employers, and health directors to complete a survey on the ACA.

[Click here to take the survey!](#)

HILL UPDATES

Shutdown Looms, Supercommittee without Plan

With the expiration of yet another Continuing Resolution to fund the operations of the federal government looming, the Joint Select Committee on Deficit Reduction (or Supercommittee) has still not put forth a deficit reduction plan that both parties can agree on. Tasked with devising a budget plan by November 23rd that includes at least \$1.2 trillion in deficit reduction over the next ten years, the Supercommittee has the added pressure of current government funding running out on November 18th.

This week, each side released a revised plan in another attempt to gain the other party's support. Another Republican plan advanced by Sen. Pat Toomey (PA) contains the minimum \$1.2 trillion in savings, with \$776 billion in spending reductions, \$275 billion from health programs like Medicare and Medicaid, \$240 billion in federal workforce staff reductions, and \$161 billion in Social Security reform. It also contains \$600 billion in new federal revenue, with \$100 billion coming from assumed economic growth and \$250 billion coming from eliminating certain high income tax deductions. The proposal also caps the income tax at 28% for the highest earners (households earning more than \$250,000 annually).



The Democratic members of the panel are now offering a plan with \$2.3 trillion in savings. It winds down the wars in Iraq and Afghanistan for a savings of \$1 trillion, which will then be used to pay for a plan to improve the nation's aging infrastructure and also to pave the way for a permanent fix in Medicare provider reimbursement rates. The package would cut \$1 trillion from federal spending, including \$100 billion from Medicare benefits, \$250 billion in payments to Medicare providers, \$8 billion in cuts to the Affordable Care Act's Prevention and Public Health Fund, and \$400 billion in discretionary savings including defense. \$1.3 trillion is gained in new federal revenue, mainly from tax increases. The Democratic plan would cap the income tax rate for the highest earners at 35%

At present, neither plan has garnered any approval from the other side, and both parties remain at an impasse. Should the Supercommittee fail to pass a plan, a "sequestration" plan is triggered, automatically reducing non-defense spending by \$600 billion and defense spending by \$600 billion over the next 10 years for a total of \$1.2 trillion in deficit reduction, effective January 1, 2013. Certain programs will be exempt from these across-the-board cuts, with the Indian Health Service experiencing a 2% reduction in funding. Other agencies would likely experience much higher cuts.

Meanwhile, the House is set to vote next week on a constitutional amendment that would require a balanced federal budget. The amendment would bar Congress from appropriating more than it takes in in federal revenue without agreement from three-fifths of each chamber. The President would also be required to submit a balanced budget request annually. An amendment to the Constitution requires support from two-thirds of each chamber and ratification in 38 states. This means at least 48 Democrats in the House would need to vote in favor of the measure, but this is unlikely.

Regardless, a plan for funding the federal government must be reached by November 18th or Congress, once again, risks a shutdown.

NIHB continues to monitor the situation and will report on new information as it develops.

HEALTH REFORM UPDATES

Appeals Court Upholds Individual Mandate

On November 8th, the D.C. Circuit Court of Appeals ruled that the Affordable Care Act's individual mandate, the requirement that almost all Americans carry health insurance, is constitutional. This is the second appeals court to uphold the mandate, with two others striking it down.

This case, *Susan Seven-Sky vs. Holder*, argued, as others have, that the mandate requiring Americans to purchase health insurance or face a financial penalty is an overreach of federal power. The majority opinion, written by Reagan appointee, Laurence Silberman, said, "The right to be free from federal regulation is not absolute, and yields to the imperative that Congress be free to forge national solutions to national problems, no matter how local — or seemingly passive — their individual origins."

Meanwhile, Supreme Court Justices met privately today to determine which cases the Court would take up in its next session. A number of cases challenging the constitutionality of the individual mandate have been appealed to the Supreme Court, and so the Court is likely to take one up in its next session. Announcements on the Justices' decisions will likely be made on November 14th.

Medicare Expands Coverage of Cardiovascular Disease Prevention Services

On November 8th, the Centers for Medicare & Medicaid Services (CMS) announced that Medicare is adding coverage for a number of preventive services to reduce cardiovascular disease. This new coverage policy will add to the existing portfolio of free preventive services that are now available for people with Medicare, due to the Affordable Care Act. It contributes to the Million Hearts initiative led jointly by CMS and the Centers for Disease Control and Prevention in



partnership with other HHS agencies, communities, health systems, nonprofit organizations, and private sector partners across the country to prevent one million heart attacks and strokes in the next five years.

Under this coverage decision, CMS will cover one face-to-face visit each year to allow patients and their care providers to determine the best way to help prevent cardiovascular disease. The visit must be furnished by primary care practitioners, such as a beneficiary's family practice physician, internal medicine physician, or nurse practitioner, in settings such as physicians' offices. During these visits, providers may screen for hypertension and promote healthy diet as part of an overall initiative to reduce the burden of cardiovascular disease in the United States.

HHS will be holding two in-person sessions to discuss this topic and intends to pursue it further through the work of a newly established tribal federal workgroup.

For more information about *Million Hearts*, please visit millionhearts.hhs.gov. To read the new policy, visit the CMS website at: <http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=248>



You are cordially invited to attend

**National Indian Health Board's
29th ANNUAL CONSUMER
CONFERENCE**

*Celebrating
NIHB'S 40th Anniversary*

**September 24- 28, 2012
DENVER, COLORADO**

UPCOMING EVENTS

**HOUSE COMMITTEE ON WAYS AND
MEANS OVERSIGHT SUBCOMMITTEE
HEARING ON, "SMALL BUSINESS HEALTH
INSURANCE TAX CREDIT"**

DATE: NOVEMBER 15TH

TIME: 10:30 AM

LOCATION: 1100 LONGWORTH

**MEDICARE MEDICAID POLICY
COMMITTEE (MMPC) FACE-TO-FACE
MEETING**

DATE: NOVEMBER 15TH

TIME: 9:00 AM – 5:00 PM

LOCATION: 1331 G CONFERENCE CENTER

1331 G STREET, NW

SUITE 300

WASHINGTON, DC 20005

CMS-TTAG FACE-TO-FACE MEETING

DATE: NOVEMBER 16TH AND 17TH

LOCATION: NATIONAL MUSEUM OF THE
AMERICAN INDIAN, WASHINGTON, DC

**WHITE HOUSE TRIBAL NATIONS
CONFERENCE**

DATE: DECEMBER 2ND

LOCATION: WASHINGTON, DC

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