



2014 Legislative Agenda

March 30, 2014

Founded by the Tribes in 1972, the National Indian Health Board (NIHB) is dedicated to advocating for the improvement in the delivery of health care and public health services and programs to American Indians and Alaska Natives. To advance the organization's mission, the NIHB Board of Directors sets forth the following priorities that the NIHB will pursue at the national level through its legislative work in 2014.

Phase in Full Funding for Indian Health Services and Programs for American Indians and Alaska Natives in the Indian Health Service (IHS) and Beyond

Each year the National Tribal Budget Formulation Workgroup to the IHS works diligently to synthesize the priorities identified by Tribes in each of the health care delivery Areas of the IHS into a cohesive message outlining Tribal funding priorities nationally. These Tribal priorities are the foundation and roadmap for the work that NIHB does on behalf of Tribes in pursuit of much needed funding for health care services and programs for American Indians and Alaska Natives. In addition to advocating for these national Tribal priorities, NIHB will call on lawmakers to:

- Phase In Full Funding of IHS - Total Tribal Needs Budget of \$28.7 Billion Over 12 Years
- Present a 17.58% increase in the overall IHS budget from the FY 2014 President's Budget request planning base*
- Restore Cuts/Shortfalls in FY2013-15 resulting from sequestration, inadequate increases to cover Congressionally mandated budget categories, and no provision for inflation for Continuing Services & Binding Obligations
- Advocate that Tribes and Tribal programs be permanently exempted from sequestration
- Provide an additional \$300 million to implement the provisions authorized in the Indian Health Care Improvement Act (IHCA)

*includes placeholder estimates for CSC, Staffing for new facilities & new Tribes

Seek Special Diabetes Program for Indians Renewal at \$200 Million Each Year for 5 Years

NIHB is asking Congress to pass legislation by this year to renew funding for this vital program for 5 years at \$200 million per year. SDPI hasn't received an increase in funding since 2002, meaning that the program has actually lost 23 percent over the last 12 years.

Few programs are as successful as SDPI in helping reverse chronic illness. SDPI has proven to work, especially in declining incident rates of diabetes-related kidney disease. Between 1999-2006, the incident rate of end-stage renal disease (ESRD) due to diabetes in American Indians and Alaska Natives fell by 28% - a greater decline than for any other racial or ethnic group. Treatment of ESRD costs almost \$90,000 per patient, per year, so this reduction in new cases of ESRD translates into **significant cost savings for Medicare, the Indian Health Service, and third party payers.**

Secure Advanced Appropriations for the Indian Health Service

NIHB is asking Congress to achieve Advanced Appropriation of IHS. If IHS had received advance appropriations, it would not have been subject to the government shutdown or automatic sequestration cuts as its FY 2014 funding would already have been in place. Adopting advance appropriations for IHS would result in the ability for health administrators to continue treating patients without wondering if –or when– they would have the necessary funding.

Additionally, IHS administrators would not waste valuable resources, time and energy re-allocating their budget each time Congress passed a continuing resolution. Indian health providers would know in advance how many physicians and nurses they could hire without wondering if funding would be available when Congressional decisions funnel down to the local level.

Achieve Medicare-Like Rates for the IHS

NIHB is requesting Congress to extend the Medicare-like rate cap on Purchased and Referred Care (formerly Contract Health Services) referrals to all Medicare participating providers and suppliers. Neither the VA nor the DOD pay full billed charges for health care from outside providers. Nor do insurance companies, including those with whom the federal government has negotiated favorable rates through the Federal Employee Health Benefits program.

- Federal CHS programs paid non-contracted physicians two and a half times more than what it estimates Medicare would have paid for the same services.
- The IHS CHS program alone would have saved an estimated \$31.7 million annually if Medicare-Like Rates applied to non-hospital services. These savings would result in IHS being able to provide approximately 253,000 additional physician services annually.
- The expansion of the Medicare-Like Rate Cap from 2010 to the present would have resulted in hundreds of millions of dollars in new federal health care resources being made available to American Indian and Alaska Natives.

Seek a Legislative Fix of the Definition of Indian in Affordable Care Act

NIHB is asking for a legislative fix of the “Definition of Indian” in the Affordable Care Act (ACA) is enacted. The “Definitions of Indian” in the ACA are not consistent with the definitions already used by the Indian Health Service (IHS), Medicaid and the Children’s Health Insurance Plan (CHIP) for services provided to American Indians and Alaska Natives (AI/ANs). The ACA definitions, which currently require that a person is a member of a federally recognized Tribe or an Alaska Native Claims Settlement Act (ANCSA) corporation, are narrower than those used by IHS, Medicaid and CHIP, thereby leaving out a sizeable population of AI/ANs that the ACA was intended to benefit and protect.

Secure Tax Exempt Status for IHS Student Loans

NIHB is a strong supporter of H.R. 3391, the Indian Health Service Health Professions Tax Fairness which recommends that Congress amend the tax code to provide health care professionals who receive student loan repayments from the Indian Health Service (IHS) the same tax free status enjoyed by those who receive National Health Service Corps (NHSC) loan repayments. Under both the IHS and NHSC programs, dentists, physicians, dental hygienists, and nurses provide health care services to underserved populations. The President’s FY 2014 budget recommendation for the Indian Health Service supported this approach noting, “The IHS Health Professions Scholarship and IHS Loan Repayment Programs are very similar to other programs that receive preferred tax treatment, and should therefore receive similar tax treatment.”