

# National Indian Health Board



*Our Vision: To Advocate on Behalf of All Tribal Governments and American Indians and Alaska Natives in Their Efforts to Provide Quality Health Care.*

February 2010

## National Indian Health Board 2010 Legislative Agenda

Every year the National Indian Health Board (NIHB) sets forth the priority areas that the NIHB will pursue in order to fulfill the organization's mission. The focus of NIHB's 2010 agenda is on matters not completed in 2009 during the first session of the 111<sup>th</sup> Congress and on new priorities identified by the NIHB Board of Directors. The NIHB will continue to serve all federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating to Congress and the Administration for the improvement of health care delivery to AI/ANs.

The NIHB Board of Directors approved this agenda on January 30, 2010. This document is divided into the two areas that Congress performs its legislative responsibilities: Authorization (creating programs and the authority for programs to function) and Appropriations (determining and authorizing the distribution of funding to execute the authorized programs).

### Legislative Authorization

#### 1. **Ensure Passage and Enactment of the Reauthorization of the Indian Health Care Improvement Act**

The Indian Health Care Improvement Act (IHCIA) is the key baseline statutory authority for the delivery of health care to American Indians and Alaska Natives. Originally enacted in 1976, the IHCIA has not been reauthorized since 2001. In 2009, legislation to reauthorize the IHCIA was included in national health care reform. NIHB will:

- 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.

#### 2. **Advocate for Passage of Health Care Reform Legislation in a Manner that Makes Certain American Indian and Alaska Native Priorities are Respected and Included**

In addition to the IHCIA, many key Indian-specific provisions were included in health care reform legislation in order to protect Indian people and the Indian health delivery system and maximize their ability to enjoy the benefits offered by health care reform. NIHB will continue its work in health care reform.

- 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.
3. **Secure the Reauthorization of the Special Diabetes Program for Indians (SDPI)**  
AI/AN have the highest rates of type 2 diabetes in the United States. Congress established the SDPI in 1997 with an initial funding of \$30 million for the prevention and treatment of diabetes in AI/AN. SDPI funding expires September 30, 2010. NIHB will work for an increase in funding to \$200 million per year for 5 years.
    - Advocate for introduction of Senate Bill and enactment of SDPI Reauthorization.
  4. **Promote the Tribal Priorities Within the Substance Abuse and Mental Health Services Administration (SAMHSA) Reauthorization**  
SAMSHA administers a combination of formula, competitive, and block grants programs and data collection activities that are carried out through the Center for Mental Health Services (CMHS); the Center for Substance Abuse Prevention (CSAP); the Center for Substance Abuse treatment (CSAT); and the Office of Applied Studies (OAS). Tribal priorities should be considered in the SAMSHA reauthorization.
  5. **Ensure the Enactment of Title VI of the Indian Self-Determination and Education Assistance Act (ISDEAA): Expansion of ISDEAA to HHS programs.**  
In the year 2000, Congress added Title VI to the ISDEAA, directing HHS to study the feasibility of expanding Self-Governance to non-IHS agencies within HHS. Legislation is needed to allow Tribes, under ISDEAA, to assume direct operation of programs within HHS.
  6. **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**
  7. **Improving the Health and Wellness of our Children**
    - Childhood Obesity
      - 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.
    - Suicide Prevention
      - 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.
  8. **Elevate Issues Facing Our Elders**  
Within Indian Country, our Elders are important members of our communities who deserve the best care and services available. As longevity in our Elders increases, the need for access to long term home and community based programs also increases.
    - Improve AI/AN access to existing Long Term Care, home and community-based programs.
    - Expand existing authorities to establish long-term care facilities and services in Indian Country.
  9. **Ensure Our Veterans Receive the Care They Deserve**
    - Advocate for improved coordination of care between Indian Health Service and Veteran Affairs.



## **Legislative Appropriations**

Each year the National Tribal Budget Formulation Workgroup to the Indian Health Service diligently works to synthesize the priorities identified by the Tribes into cohesive Tribal funding priorities nationally. The outcome of this effort is first presented during the US Department of Health and Human Services Tribal Budget Consultation session, which takes place annually in early spring.

The Tribal priorities are the foundation and roadmap for the work that NIHB does on behalf of Tribes in the pursuit of increased and adequate funding for health care services and programs for AI/AN. The following national priorities target the most immediate health disparities among AI/AN people.

### **FY 2011 Tribal National Health Care Priorities**

1. Diabetes
2. Cancer
3. Behavioral Health/Alcohol/Substance Abuse/Mental Health
4. Cardiovascular Disease/Hearth Disease/Stroke
5. Health Promotion/Disease Prevention
6. Injuries/Injury Prevention
7. Maternal and Child Health
8. Dental Health
9. Water and Sanitation
10. Respiratory/Pulmonary

### **FY 2012 Tribal National Health Care Priorities**

1. Diabetes
2. Cancer
3. Behavioral Health/Alcohol/Substance Abuse/Mental Health
4. Health Promotion/Disease Prevention
5. Hearth Disease/Stroke
6. Injuries/Injury Prevention
7. Maternal and Child Health
8. Dental Health
9. Water and Sanitation
10. Contract Health Services



The NIHB Board of Directors has also identified other areas to focus NIHB's legislative efforts in the area of appropriations.

**1. Secure Increased Indian Health Appropriations**

- Advocate for increased Contract Support Cost funding.
- Increase in Contract Health Services.
- Protect IHS Funding From Rescissions.
- New authorized programs included in IHCA.

**2. Elevate Issues Facing Our Elders**

- Improve AI/AN access to existing Long Term Care, home and community-based programs and sources of funding.

**3. Secure Tribal-Specific Funding for Mental Health and Substance Abuse Programs.**

- Ensure Tribal set aside of SAMSHA grant funding.
- Optimize complimentary funding through other agency appropriations.

**4. Ensure Our Veterans Receive the Care They Deserve**

- Seek Veteran's Affairs reimbursement to IHS/Tribal facilities for services provided to AI/AN Veterans.

**5. Health Information Technology**

- 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.

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