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governments and employers. Sessions will include information on tribal enrollment in the Federal Employees Health Benefits program, individual enrollment under the expansion of Medicaid, and participation in development of state-based exchanges.

Where is it?

Mystic Lake Casino & Hotel

2400 Mystic Lake Boulevard Northwest, Prior Lake, MN 55372

Please call 952-445-9000 or 1-800-262-779 to reserve your room today! To receive group rate of \$77 plus taxes, please reserve by April 4, 2012 and ask for the NIHOE rate.

NIHB UPDATES

NIHB, Partners to Host National Indian Health Outreach and Education Annual Conference April 18-19

National Indian Health Board (NIHB) and its National Indian Health Outreach and Education (NIHOE) partners who include National Tribal Health Reform Training partners from each of the 12 Indian Health Service (IHS) Areas, National Congress of American Indians (NCAI) and Indian Health Service (IHS), invite you to attend a two-day training at Mystic Lake Casino Hotel in Minnesota, April 18-19, 2012.

Why should you attend?

This two-day training will provide community representatives with tribal-specific health reform education opportunities, consumer-oriented materials to use in local outreach efforts, and training to help them actively manage education campaigns for four consumer groups including individual consumers, health directors, tribal

The NIHOE aims to develop effective, consumer-oriented materials to assist tribal citizens to better understand their rights and new opportunities under the Affordable Care Act ACA and Indian Health Care Improvement Act. NIHOE is a national partnership between all Indian Health Service Area trainers, the NCAI, the NIHB, and IHS.

Registration is free, but required by April 13, 2012. To register, click [here](#).

To view the event summary, click [here](#).

For a draft agenda, click [here](#).

Tribal Interest in Supreme Court Health Reform Case this Week, NIHB Files Amicus Brief

With 449 Tribes and Tribal organizations from across the nation, the National Indian Health



Board (NIHB) filed an amicus brief to protect the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) and other Indian-specific provisions included in the ACA in the Affordable Care Act (ACA) case in the United States Supreme Court.

The Indian-specific provisions of the ACA are critical to the delivery of health care services to Indian tribes and their members. The IHCIA, originally enacted in 1976, forms the statutory basis for the delivery of health care to American Indians and Alaska Natives and plays a key role in addressing chronic health disparities in Indian Country. Tribal Leaders and advocates worked tirelessly for over a decade seeking the reauthorization of the IHCIA to update and modernize the Indian health care delivery system with much needed services such as expanded cancer screenings and long-term care for the elderly and disabled. Today, the Indian Health Service and Tribes have begun implementing many of these new IHCIA authorities and the other Indian-specific provisions in the ACA.

The brief argues that the Indian-specific provisions are separate from other provisions in the ACA and should stand on their own (i.e., are severable) even if the individual mandate provision is held to be unconstitutional. The brief describes Congress's long-standing policy of enacting separate and unique legislation to govern Indian health care services and it provides a detailed analysis of the separate genesis of the IHCIA amendments and other Indian-specific provisions included in the ACA.

A determination by the Supreme Court that the entire ACA is unconstitutional would be a significant blow to Indian Country, requiring a new legislative effort to pass the reforms, and delaying the implementation of the vital programs and services that the ACA provisions authorized. Cathy Abramson, Chairperson of the NIHB Board of Directors, states, "NIHB and numerous Tribes and Tribal organizations decided to file the brief to demonstrate that Indian Country is firmly united to protect and preserve the IHCIA and other Indian-specific provisions in the ACA."

On March 26th – 28th, the Supreme Court will hear ACA oral arguments, and on March 28th, the Court will hear arguments on the "severability" issue – whether the rest of the ACA, including the IHCIA and other Indian specific provisions, should remain intact if the individual mandate provision is struck down.

To view the amicus brief in its entirety, click [here](#).

HILL UPDATES

House Repeals IPAB, Attaches Tort Reform

A key provision in the Affordable Care Act (ACA), the Medicare cost-cutting panel known as the Independent Payment Advisory Board (IPAB), was repealed by a vote of 223 to 181 in the House last week. The 15-member panel of IPAB would be responsible for identifying savings in Medicare if program costs grow faster than a specified rate. The group would be appointed by the President and confirmed by the Senate.

The bill that passed the full House was not the original legislation considered in its two committees of jurisdiction. H.R. 452, the *Medicare Decisions Accountability Act of 2011*, passed the both the House Energy and Commerce Committee and the Ways and Means Committee easily with just voice votes. That bill gained about 20 democratic co-sponsors, and it is likely that more democrats would have supported it on the floor.

Instead, H.R. 5, the *Protecting Access to Healthcare (PATH) Act*, contained both the IPAB repeal and medical malpractice or tort reform. In cases of medical malpractice, the bill caps punitive damages at \$250,000, as a way of paying for the cost of IPAB repeal. As the concept of limiting medical malpractice damages is decidedly unpopular among democrats, all but 7 voted against the final bill, joined by 10 republicans.

Republicans maintain that the IPAB has the ability to ration care, while the Administration and a majority of Democrats continue to stand behind it as a way to control costs. The non-partisan Congressional Budget Office (CBO) estimates



that the repeal would add \$3.1 billion to the federal deficit over the next 10 years.

A Senate companion bill that does not contain tort reform, S. 2118, has been introduced by Sen. John Cornyn (R-TX), but does not currently have Majority support. President Obama has threatened to veto the legislation if it ever reaches his desk.

Ryan Budget Reduces Deficit with Cuts to Medicare, Medicaid, Non-Defense Spending

House Republicans released their Fiscal Year (FY) 2013 Budget Plan last week, authored by House Budget Committee Chairman, Rep. Paul Ryan (R-WI). The plan, again called, “The Path to Prosperity,” reduces government spending by \$5.3 trillion over the next decade, eventually balancing the federal budget by 2040. It also avoids the sequestration process imposed by the *Budget Control Act*, leaving defense spending untouched.

However, all of this is achieved solely through deep cuts to non-defenses discretionary spending and major changes to Medicare and Medicaid. According to the Center on Budget and Policy Priorities (CBPP), 62% of cuts in the Ryan Budget are to programs that serve low to moderate income Americans. \$2.4 trillion of the plan’s savings are derived from canceling the expansion of Medicaid by repealing the Affordable Care Act (ACA) and changing the program from an open-ended federal matching program to a fixed amount block grant to states.

It also cuts the Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, by \$134 billion. CBPP estimates that between 8 and 10 million people would lose this benefit under the Ryan Budget. Overall, this plan would spend 16% less than the Obama Administration plans to spend on safety-net programs for the poor, including housing assistance and the earned income tax credit.

As for Medicare, the Ryan Plan increases eligibility from age 65 to age 67. With repeal of ACA, this leaves 65 and 66 year olds without access to affordable health insurance, as

premiums for this demographic would likely continue to be very high. And similar to last year’s “Path to Prosperity,” this year’s plan would replace Medicare with a premium support check to seniors with which they could purchase private insurance or a Medicare plan. Instead of tying increases in this premium support model to medical inflation, it depends on per capita GDP plus .05%. This calculation will not allow the payment to reflect the true costs of health care. Finally, providers would not be paid directly under the Ryan plan, thus IHS and Tribal providers might lose valuable third-party Medicare collections.

As the Ryan Plan cuts health care and the safety net, it favors others programs and demographics. It increases defense spending over the next decade. It also lowers taxes, including taking the top marginal tax rate for the wealthiest Americans from 35% to 25%. It does the same for the corporate tax rate and does away with a tax on foreign profits for U.S. companies. At the same time, the Plan does not end costly Bush-era tax cuts. According to the Urban-Brookings Tax Policy Center, the tax reform in the Ryan Budget, along with the Bush Tax Cuts will cost \$10 trillion over the next ten years.

It is clear to the NIHB that the impacts of this Plan would be greater and more deleterious for lower income Americans, including American Indians and Alaska Natives, than they would be for others. It is because of this that the NIHB cannot support the House Majority’s “Path to Prosperity.” We are monitoring the status of this package and will report on new information as it is received.

For more information on the, “Path to Prosperity,” please visit the following pages:

[The House Committee on the Budget](#)

[CBPP Paper on Ryan Cuts to Low Income Programs](#)

[Congressional Budget Office Report on Ryan Budget](#)



ADMINISTRATION UPDATES

VA to Host Tribal Consultation on IHS Reimbursement April 5

In a recent *Federal Register* notice, the Department of Veteran's Affairs (VA) announced a Tribal consultation on several topics, including local implementation of the 2010 VA/Indian Health Service (IHS) Memorandum of Understanding (MOU). Under the MOU, the VA may reimburse IHS and Tribally-operated facilities for health care services provided to eligible American Indian and Alaska Native veterans. The VA and IHS recently released a draft agreement on this topic.

The consultation session is scheduled for April 5, 2012 and will be held at:
L'Enfant Plaza Hotel
480 L'Enfant Plaza, SW.
Washington, DC 20024
Time: 9 a.m., Eastern Standard Time.
For further information contact,
Erika Moott, Executive Officer, VA
Office of Tribal Government Relations at
(202) 461-7400, by email at
Tribalgovernmentconsultation@va.gov,
or by mail at Suite 915L, 810 Vermont
Avenue NW., Washington, DC 20420.

To view the *Federal Register* notice, click [here](#).

To view the draft IHS/VA agreement, click [here](#).

Health Insurance Rate Hikes in Nine States Deemed Excessive by HHS

Health and Human Services (HHS) Secretary Kathleen Sebelius announced recently that health insurance premium increases in nine states have been deemed "unreasonable" under the rate review authority granted by the Affordable Care Act.

Secretary Sebelius also released a new report showing that, six months after HHS began reviewing proposed health insurance rate increases, consumers are already seeing results. Since the rate review program took effect

in 2011, health insurers have proposed fewer double-digit rate increases. Furthermore, more states have taken an active role in reducing rate increases, and consumers in all states are getting straight answers from their insurance companies when their rates are raised by 10 percent or more. As of March 10, 2012, the justifications and analysis of 186 double-digit rate increases for plans covering 1.3 million people have been posted at HealthCare.gov, resulting in a decline in rate increases. According to the report, in the last quarter of 2011 alone, states reported that premium increases dropped by 4.5 percent, and in states like Nevada, premiums actually declined.

In the decisions announced recently, HHS determined, after independent expert review, that two insurance companies have proposed unreasonable health insurance premium increases in nine states—Arizona, Idaho, Louisiana, Missouri, Montana, Nebraska, Virginia, Wisconsin, and Wyoming. The excessive rate hikes would affect over 42,000 residents across these nine states.

In these nine states, the insurers have requested rate increases as high as 24 percent. These increases were reviewed by independent experts to determine whether they are reasonable. In this case, HHS determined that the rate increases were unreasonable, because the insurer would be spending a low percentage of premium dollars on actual medical care and quality improvements, and because the justifications were based on unreasonable assumptions.

Most rates are reviewed by states and many states have the authority to reject unreasonable premium increases. Since the passage of the health care law, the number of states with this authority increased from 30 to 37, with several states extending existing "prior authority" to new markets.

This initiative is one of many in the health care law to ensure that insurance companies play by the rules, prohibiting them from dropping coverage when a person gets sick, billing consumers into bankruptcy through annual or lifetime limits, and, soon, discriminating against anyone with a pre-existing condition.

Information on the specific determinations made



recently is available at:

<http://companyprofiles.healthcare.gov/>

The rate review report is available at:

<http://www.healthcare.gov/law/resources/reports/rate-review03222012a.html>

General information about rate review is available at:

<http://www.healthcare.gov/law/features/costs/rate-review/>

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

Save the Date
 May 30, 31 & June 1, 2012
National Tribal Public Health Summit
 Hard Rock Cafe & Casino
 TULSA, OKLAHOMA

Our Health, Our Way
 Achieving Healthy Native Communities
 Register Today!

Sign Up for **Washington Report**, at:

http://www.nihb.org/legislative/washington_report.php

For More Information Contact:

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jcooper@nihb.org or

Liz Malerba, Legislative

Assistant lmalerba@nihb.org

UPCOMING EVENTS

HOUSE APPROPRIATIONS SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES, "AMERICAN INDIAN AND ALASKA NATIVE PUBLIC WITNESS" HEARINGS

DATES: MARCH 27-28

LOCATION: B-308 RAYBURN HOUSE OFFICE

BUILDING

WASHINGTON, DC 20515

LONG TERM SERVICES AND SUPPORTS (LTSS) WEBINAR ON, "SUPPORTING ELDERLY ACROSS SETTINGS: CARE TRANSITIONS OPPORTUNITIES AND TRIBAL ORGANIZATIONS"

DATE: MARCH 28

To JOIN THE MEETING, GO TO:

<https://kaudemansinc.alborconnect.com/1841425677/166N5TRRKYC/>

1. SELECT "ENTER AS A GUEST."
2. TYPE IN YOUR FIRST AND LAST NAME.
3. CLICK "ENTER ROOM."
4. FOR AUDIO, CALL IN TO THE FOLLOWING CONFERENCE NUMBER: 1-800-201-2375.
5. ENTER THE FOLLOWING PARTICIPANT CODE AND PRESS #: 185041.

HOUSE WAYS AND MEANS HEARING ON THE, "INDIVIDUAL AND EMPLOYER MANDATES IN THE DEMOCRATS' HEALTH CARE LAW"

DATE: MARCH 29

TIME: 9:00 AM

LOCATION: 1100 LONGWORTH HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS (HELP) COMMITTEE HEARING ON, "FDA USER FEE AGREEMENTS: STRENGTHENING FDA AND THE MEDICAL PRODUCTS INDUSTRY FOR THE BENEFIT OF PATIENTS"

DATE: MARCH 29

TIME: 10:00 AM

LOCATION: 216 HART SENATE OFFICE BUILDING

WASHINGTON, DC 20510

