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HILL UPDATES

One-Week CR Passes House, May not Prevent Shutdown

Yesterday, less than 48 hours prior to the expiration of current funding for the federal government, the U.S. House of Representatives passed by a vote of 247 to 181 yet another continuing resolution (CR) to keep the doors of the federal government open for one more week. The bill, H. R. 1363 *The Department of Defense and Further Additional Continuing Appropriations Act of 2011*, also contains \$12 billion in cuts, appropriates \$515.8 billion for the Department of Defense through the end of the fiscal year, and includes two riders, one forbidding Washington, D.C. from using federal or local funds for abortion. Previously included in the House-passed H.R. 1, the cuts are sweeping and impact a variety of agencies and departments. This time, the less-palatable list of rescissions consists of things like a \$491 million reduction in funding for the Health Resources and Services Administration and a

\$750 million reduction in funds for community health centers appropriated by the new health care law. None, however, would have a direct impact on the Indian Health Service.

This new CR—the 7th since the end of Fiscal Year (FY) 2010 last October—comes after three weeks of on-again, off-again negotiations between the White House, Senate Majority Leader Harry Reid (D-NV), and House Speaker John Boehner (R-OH) in an attempt to finally come to an agreement on funding levels for the remainder of FY 2011. Initially, debates focused on the level of cuts to this year’s budget, with the Speaker (and other House Republicans) favoring deep cuts like those found in H.R. 1 and the White House and Senate Majority Leader supporting much more modest cuts. Now, however, with a number of \$35-40 billion in cuts that the Senate and White House say is in sight, discussion comes down to the inclusion of a host of highly controversial “riders” – which were included as amendments to H.R. 1. Among the most contentious of these riders are provisions to completely defund Planned Parenthood and those designed to limit the authority of the Environmental Protection Agency.

With neither side willing to budge on the riders, a government shutdown is imminent. At press time, the Senate has not taken up the House-passed CR and the President has also issued a veto threat. Both, though, would be willing to pass what they have called a “clean CR” for an additional week. That is, one devoid of cuts and riders that continues to



fund all agencies at FY 2010 levels. House Democrats did attempt to offer a clean CR as an alternative to H.R. 1363, but this was voted down by House Republicans. There has also been some talk about the possibility of a similar alternative offered by Senate Democrats, but at press time, nothing has been introduced.

With only hours left until a shutdown (funding expires at midnight tonight), President Obama, Majority Leader Reid, and Speaker Boehner continue meetings at the White House in one last effort to reach agreement. It is unlikely, however, that this will be achieved in enough time for legislation to pass both Chambers and be signed into law.

As the government prepares to close its doors, many questions are left unanswered. If you need more information about how the shutdown will affect you or your Tribe, please contact one of the following NIHB staff:

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House FY 2012 Budget Plan comes with Spending Freezes, Large Benefit Reductions, PPACA Repeal

On April 5th, Chairman of the House Budget Committee, Rep Paul Ryan (R-WI) released his long-awaited budget proposal for federal spending in Fiscal Year (FY) 2012, “The Path to Prosperity.” The plan, in an effort to reduce the federal debt and balance the budget, would radically change or eliminate government-run health care programs, freeze federal spending for five years, and repeal the new health care law, among other things.

Over the next 10 years, the plan does cut about \$4 trillion from the deficit, but at what cost? According to Paul Krugman of the New York Times, 2/3 of the cuts contained in this budget are to programs that serve mostly low-income Americans. For example, beginning in 2022, Medicare—the federal health care program serving elderly Americans—would be completely transformed from the current fee-for-service program to a “premium support” program. This means that traditional Medicare will cease to exist. Instead, beneficiaries will receive premium support payments—a fixed government subsidy to aid in the purchase of private insurance for seniors. Insurance companies will be required to provide insurance to any Medicare patient wishing to purchase it, but with no mechanism to control costs. Increases to the annual premium support subsidy will be tied to the CPI-U, the Consumer Price Index for Urban Consumers—a calculation of inflation based on the prices paid for a market basket of average expenses for urban dwellers. This may not be the most accurate representation of health care costs.

The new budget also advocates for the repeal of many of the major insurance-related provisions within the Patient Protection and Affordable Care Act (PPACA). This includes repealing the individual mandate, the expansion of eligibility for Medicaid coverage, the establishment of health insurance exchanges, tax credits incentivizing small businesses to offer health insurance, and the subsidies that closes the so-called Medicare “donut hole.”

Medicaid is another program impacted by the plan. Federal cost-sharing (the federal government covers half the cost for each beneficiary in each state) would be turned into a block grant program for states. In theory, the states could then tailor their Medicaid programs according to resident need.

Finally, this budget proposal would freeze all non-defense discretionary spending at below 2008 levels for five years. It directs Congress to create caps on spending in proportion to



GDP, requires regular review of mandatory spending, and limits the creation of new mandatory spending programs. It also institutes a federal pay freeze through 2015 and reduces the federal workforce.

All of these provisions would change health care for America's elders and poor as it is currently known. According to the non-partisan Congressional Budget Office, the voucher program for Medicare will fail to keep pace with rising health care costs, which means that the subsidy's value would decline annually. As a result, elders would pay significantly more out of pocket for their health care, typically twice as much, and receive less coverage. Without the Medicare Part D Donut Hole subsidies, seniors would, on average, be forced to spend \$3500 more on medication over the next decade. The repeal of PPACA provisions combined with the changes to Medicaid, would create tens of millions of non-elderly uninsured Americans. Because of the deleterious effects this plan would have on our nation's health status, National Indian Health Board does not support Chairman Ryan's, "Path to Prosperity."

Senate Committee on Indian Affairs Approves Native Hawaiian Bill

In a committee business meeting on the afternoon of April 7th, the Senate Committee on Indian Affairs approved by voice vote S. 675, *The Native Hawaiian Government Reorganization Act of 2011*. The bill, sponsored by Sen. Daniel Akaka (D-HI), would recognize the sovereignty of Native Hawaiians and create a government-to-government relationship between them and the United States, similar to that of federally-recognized Tribes. S. 675 awaits further action by both the House and the Senate.

Sen. Murkowski and others Co-Sponsor Youth Suicide Legislation

Introduced by Sen. Jack Reed (D-RI) on April 6th, *The Garrett Lee Smith Act Reauthorization of 2011*, has several supporters that represent Indian Country. Original co-sponsors of the legislation include Sen. Lisa Murkowski (R-AK), Sen. Mark Begich (D-AK), and Sen. Tom Udall (D-NM). The bill responds to the growing epidemic of youth suicide around the nation (particularly within Tribal Nations) by providing grants for Suicide Prevention Resource Centers, providing grants for states and Tribes to develop and implement a state sponsored youth suicide early intervention and prevention strategy, and also providing grants for college campuses. The bill has been referred to the Senate Committee on Health, Education, Labor, and Pensions (HELP), where it awaits further action.

ADMINISTRATION UPDATES

HHS Announces Plans to Address Health Disparities

This morning, the Department of Health and Human Services (HHS) announced the establishment of two new strategic plans designed to reduce national ethnic health disparities. One plan, *The HHS Action Plan to Reduce Health Disparities*, is an outline of the department's personal strategy for tackling this problem. It includes tactics such as building on the expansion of access to care in the new health care law, increased minority presence in health professions, and increased data collection.

The other plan, created by the National Partnership for Action (NPA), *The National Stakeholder Strategy for Achieving Health Equity*, initiates a set of goals for public- and private-sector entities to achieve in order to help minorities and other underserved communities close the gap in health status nationally. The strategy was created with input from thousands of stakeholders across the



country and will aid local groups in the adoption of community-specific strategies for reducing disparities.

The HHS Office of Minority Health will be launching new web pages to help facilitate work being done by organizations and individuals to reduce disparities.

For more information about the plans and the National Partnership for Action, visit: www.minorityhealth.hhs.gov/npa.

For more information about health disparities and the Affordable Care Act, visit: www.healthcare.gov/law/infocus/disparities/

National Tribal Health Reform Implementation Summit April 19 – 20, 2011

Note: The Washington Court Hotel is fully booked on these days. Here are some other, near-by options:

The Liaison Capitol Hill: 202-638-1616

The George Hotel: 202-347-4200

Phoenix Park Hotel: 202-638-6900

Capitol Hill Suites: 202-543-6000

Register at: www.nihb.org

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NIHB to Host National Tribal Health Reform Implementation Summit

What does the Affordable Care Act mean to me as an individual? How do Tribes participate in State Health Insurance Exchanges? How do I insure my Tribal employees? What is the Obama administration doing to ensure a smooth implementation process?

One year later, a number of questions—new and old—surround the implementation of the Affordable Care Act and the Indian Health Care Improvement Act. Through education and shared experience, it is our goal to empower Tribes, health professionals, and individuals to navigate and employ the benefits of the new health care law. As implementation continues, Tribal involvement and access are crucial to achieving positive change in Indian health.

That is why NIHB is hosting a *National Tribal Health Reform Implementation Summit* to be held on April 19-20, 2011 at the Washington Court Hotel in Washington, DC. With separate tracks for all levels of familiarity with the Patient Protection and Affordable Care Act, as well as the reauthorization of the Indian Health Care Improvement Act, the Summit will cover such topics as the basics of health reform, navigating federal agencies, and accessing new programs.

Tribes, providers, advocates, and individuals will have the unique opportunity to hear from key Administration officials, Congressional staff, and other experts with up-to-the-minute knowledge of Health Care Reform and its benefit to Indian Country. This is an event not to be missed. For more information or to register, please refer to the NIHB website.

To receive the Washington Report, sign up at:

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

