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**NIHB Hosts 28th Annual Consumer
Conference in Anchorage, AK**

From September 26 through September 29th, the National Indian Health Board (NIHB) hosted over 700 Tribal leaders, health care providers, and other stakeholders at its 28th Annual Consumer Conference (ACC) at the Dena'ina Civic and Convention Center in Anchorage, Alaska. The theme for this year's conference, *Health, Hope, and Heroes: Using the Foundations of Tribal Values and Knowledge to Advance Native Health!*, provided a chance for attendees to discuss successes, challenges, opportunities, and the future of health care for American Indian and Alaska Native people.

Throughout the conference, NIHB afforded participants access to a wide variety of experts in Native health, top agency officials, professional athletes, and Members of Congress. Monday, September 26th, offered government consultation opportunities: one with the National Vaccine Program Office on the Implementation of a National Vaccine

plan and one with the Health Resources and Services Administration on its revised Tribal consultation policy.

Highlights from Tuesday, September 27th, included keynote speeches from John Baker, 2011 Iditarod Sled Dog Champion, and Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). Congressman Don Young (R-AK) also addressed the plenary session and Kathleen King from the Government Accountability Office (GAO) presented its assessment of Contract Health Services as administered by IHS. Following the plenary session, attendees were treated to a series of 22 workshops on topics ranging from health reform to IHS budget formulation to electronic medical records.

On Wednesday, September 28th, NIHB hosted the annual "CMS Day", an entire day of speeches and workshops sponsored by the Centers for Medicare and Medicaid Services (CMS). Beginning with an address from CMS Administrator, Dr. Donald Berwick, the day was dedicated to topics in the implementation of health reform, including state insurance exchanges, as well as ongoing issues in insuring elders and children. NIHB also hosted its annual awards ceremony, recognizing 36 heroes in Indian health, including Jake White Crow lifetime achievement award winner, Jerry Freddie, of the Navajo Nation, and Youth Leadership award winner, Morgan Fawcett, of the Tlingit village.

Thursday, September 29th, the final day of the ACC, ended with addresses by Senator Mark Begich (D-AK) and Callan Chythlook-Sifsof,



2010 Winter Olympian Snowboarder. Participants also heard from the Substance Abuse and Mental Health Services Administration's (SAMHSA) administrator, Pamela Hyde, as well as representatives from the Centers for Disease Control and Prevention (CDC) and the First Lady's Let's Move! In Indian Country initiative.

NIHB is proud to have hosted yet another successful Annual Consumer Conference. Please check the NIHB website for summaries, photos, and presentations from this year's ACC. We hope to see you at next year's ACC in Denver, CO, celebrating NIHB's 40th Anniversary.

HILL UPDATES

Congress Passes Short-term CR with 1.5% Cut

Under the threat of yet another possible government shutdown, Congress passed a short-term Continuing Resolution (CR) that will fund the federal government through November 18th. With the end of the fiscal year on September 30th and work on individual appropriations bills going slowly, Congress needed to pass a CR in order to avoid a government shutdown.

Because both Chambers of Congress had difficulty reaching agreement on levels of funding, both for the federal government as a whole and for the Federal Emergency Management Agency (FEMA), they first passed a very brief CR (September 30th – October 4th) in order to reconcile differences. This first CR, H.R. 2017, was voted upon with the longer-term CR, H.R. 2608, by the Senate on September 26th. At that time, the U.S. House of Representatives was out of session, but was able to pass H.R. 2017 by unanimous consent on September 29th, without needing Members to return to Washington.

As a result of an agreement between Chambers, H.R. 2608 was passed by the Senate on September 26th by a vote of 79-12

and the House on October 4th by a vote of 352-66. It was signed into law by President Obama on October 5th.

The measure sets total spending at \$1.043 trillion including a \$2.65 billion down payment for FEMA. Funding is reflective of levels agreed to in the debt-ceiling deal and represents a 1.5% cut across-the-board to discretionary spending from Fiscal Year (FY) 2011 levels, including funding for the Indian Health Service (IHS). This cut will only remain in effect through November 18th, at which time both Chambers of Congress will need to have finished work on all 12 FY 2012 appropriations bills. This will likely be achieved through one omnibus package.

Senators Urge Improvements to IHS Contract Health Services

On September 27th, seven senators from the Senate Committee on Indian Affairs sent a letter to HHS Secretary Sebelius and IHS Director, Dr. Yvette Roubideaux, urging the Secretary and other top administration officials to act quickly to improve health care delivery to American Indians and Alaska Natives. The Senators pointed to a U.S. Government Accountability Office (GAO) report issued September 23rd that highlights billing and other problems in the IHS system that make it difficult for American Indians and Alaska Natives to receive care from health providers and makes it difficult for health care providers offering the services to get reimbursed.

The GAO report, called "Indian Health Service: Increased Oversight Needed to Ensure Accuracy of Data Used for Estimating Contract Health Service Need," states that due to inadequate and inconsistent data collection by IHS, it has been very difficult for health care providers who contract with IHS to quickly determine a patient's eligibility for services. Poor data collection also makes it difficult for IHS to know what contractual services are needed by American Indians and Alaska Natives and whether it has adequate funds to pay for such services.



The senators requested that IHS submit a comprehensive corrective action plan to address each of the problems and recommendations made in the GAO report, including a timeline for (1) corrective actions, (2) a date when each action will be commenced, (3) a date when each action is expected to be completed, and (4) identifiable goals that will lead to completion of each corrective action.

Click [here](#) to read the letter from the senators and [here](#) to review the GAO report.

Senate HELP Committee Holds Hearing on Chronic Disease Prevention

On October 12th, the Senate Committee on Health, Education, Labor, and Pensions (HELP) held a hearing entitled, “The State of Chronic Disease Prevention.” Committee Members in attendance were: Chairman Tom Harkin (D-IA), Sen. Barbara Mikulski (D-MD), Sen. Al Franken (D-MN), Sen. Pat Roberts (R-KS), Sen. Sheldon Whitehouse (D-RI), and Sen. Richard Blumenthal (D-CT). Focusing on the benefits and potential weaknesses of the Affordable Care Act (ACA)-established Prevention and Public Health Fund, the Committee heard testimony in two panels:

Panel 1:

Dr. Howard Koh, Assistant Secretary for Health, Department of Health and Human Services (HHS)

Panel 2:

Nancy Brown, CEO, American Heart Association

Dr. John Seffrin, CEO, American Cancer Society

John Griffin, Jr., Chairman, American Diabetes Association

Dr. Tevi Troy, Senior Fellow, Hudson Institute

Much of the testimony focused on the question of whether the Joint Select Committee on Deficit Reduction should spare the Prevention and Public Health Fund from cuts to funding in its final report. The Obama Administration has recommended that it be reduced by \$3.5 billion. As Chairman Harkin said in his opening statement, “...The Prevention and Public Health Fund is so fundamental to addressing the gap that exists between what is and what can be done to address chronic disease. The Prevention Fund supports evidence-based health promotion programs; however, this fund is only a small down payment in comparison to the size of the problem.”

In his testimony, Dr. Koh discussed the incidence of chronic disease in the United States and the life-saving (and money saving) wisdom of investing in prevention. Since passage of the ACA, funding has been dedicated to a number of federal, state, and local prevention initiatives ranging from tobacco cessation to obesity. He noted the incredible return on investment in prevention and HHS’ desire to continue this work.

Ms. Brown, Dr. Seffrin, and Mr. Griffin echoed Dr. Koh’s sentiments. They noted that continued investments in the area of prevention could help reduce the diseases their organizations work to fight (heart disease, cancer, and diabetes, respectively) dramatically. Dr. Troy agreed that prevention is important and cost-saving, but that the structure of the Prevention and Public Health Fund (the way it is funded and the evaluation process for the programs it chooses to fund) is too loose.

Ultimately, the Committee asked for hard data from HHS and the disease prevention organizations to use in a letter to the Joint Select Committee on Deficit Reduction on its priorities for funding to show that the Prevention and Public Health Fund is making cost-effective progress.

To view a video recording of the hearing in its entirety and to read witness testimony, please click [here](#).



HEALTH REFORM UPDATES

NIHB Comments on CMS Standards Related to Risk Adjustment

On September 27th, the National Indian Health Board submitted comments to the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services (HHS) in response to the request for comments published July 15, 2011 in the *Federal Register* involving “Standards Related to Reinsurance, Risk Corridors and Risk Adjustment” (CMS-9983-P).

In the comments, it is noted that NIHB concurs in large measure with the approaches taken in the Proposed Rule. Nonetheless, we believe the risk management approaches in these regulations are helpful, but not sufficient, to “mitigate the impact of potential adverse selection” and ensure access for American Indians and Alaska Natives to comprehensive and timely health care services, including access to the IHS, Tribal, and Urban (I/T/U) Indian health care providers and programs that traditionally have served American Indians and Alaska Natives (AI/AN). In addition, NIHB is recommending that HHS include discussion and rulemaking in this Proposed Rule on an additional risk management mechanism that is specific to AI/AN.

A support letter by the Jamestown S’Klallam Tribe was submitted with the National Indian Health Board’s (NIHB) analysis and comments. All documents are attached. To view the proposed rule, click [here](#).

Medicare Open Enrollment Begins October 15th

The Centers for Medicare & Medicaid Services (CMS) is encouraging people with Medicare and their families to begin reviewing drug and health plan coverage options for 2012. The Medicare Open Enrollment Period -- which begins earlier this year on Saturday,

October 15 – has been expanded to last seven weeks and will end on December 7. This will give seniors and people with disabilities more time to compare and find the best plan that meets their unique needs.

For assistance in determining the right plan for you, please visit:
<http://www.medicare.gov/find-a-plan>

In 2012, thanks to the Affordable Care Act, additional benefits to people with Medicare include lower prescription drug costs through a 50 percent discount on covered brand name drugs in the coverage gap (also referred to as the “donut hole”), wellness checkups, and access to certain preventive care with no copayments – a benefit that all Medicare Advantage plans will offer starting in 2012.

For more information, please visit:
www.medicare.gov

Health Care Law Headed to Supreme Court

On September 28, 2011, the Department of Justice (DOJ) asked the Supreme Court to review the 11th Circuit Court of Appeals in Atlanta ruling that a key element of the 2010 health care overhaul is unconstitutional. The 11th Circuit Court’s 2-1 decision – in a case brought by 26 states – left the rest of the law intact.

Lower courts have issued conflicting rulings on the health care law. On June 29, the 6th Circuit Court of Appeals in Cincinnati upheld the law in a 2-1 ruling in a case brought by the Thomas More Law Center of Ann Arbor, Michigan. Earlier in September, the 4th U.S. Circuit Court of Appeals in Richmond, Virginia threw out two lawsuits challenging the constitutionality of the law. The cases were decided on issues of standing and jurisdiction, with the court declining to rule on the merits of the law.

The high court’s decision could have direct impact for tribal communities and implementation of the Indian Health Care



Improvement Act (IHCA). For the 11th Circuit Court of Appeals' proceeding, the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), and other 300 Tribes and Tribal organizations submitted an amicus brief to recommend that if the Court deems the individual mandate unconstitutional, the rest of the health reform law, including the Indian specific provisions and the permanent reauthorization of the IHCA, should remain in law.

IOM Releases Guidance to HHS on Essential Health Benefits

A new Institute of Medicine (IOM) report released on October 6th provides the U.S. Department of Health and Human Services (HHS) with a set of criteria and methods to develop a package of essential health benefits that will cover many health care needs, promote medically effective services, and be affordable to purchasers. HHS decisions about which benefits warrant designation as essential should be made in a transparent manner that is informed by input from structured public discussions, added the committee that wrote the report.

Certain insurance plans, including those participating in the state-based health insurance exchanges to be established under the Patient Protection and Affordable Care Act (ACA), must cover a package of preventive, diagnostic, and therapeutic services and products in areas that have been defined as essential by HHS. The package will establish the minimum benefits that plans must cover; insurers may offer additional benefits. The report neither recommends a list of essential benefits nor comments on whether any particular service should be included or excluded, as doing so would have been beyond the committee's charge.

To read the report, click [here](#)

HHS launches new ACA Initiative to Strengthen Primary Care

The U.S. Department of Health and Human Services (HHS) launched a new initiative made possible by the Affordable Care Act (ACA) to help primary care practices deliver higher quality, more coordinated and patient-centered care. Under the new initiative, Medicare will work with commercial and state health insurance plans to offer additional support to primary care doctors who better coordinate care for their patients. This collaboration, known as the Comprehensive Primary Care initiative, is modeled after innovative practices developed by large employers and leading private health insurers in the private sector.

The voluntary initiative will begin as a demonstration project available in five to seven health care markets across the country. Public and private health care payers interested in applying to participate in the Comprehensive Primary Care Initiative must submit a Letter of Intent by November 15, 2011. In the selected markets, Medicare and its partners will enroll interested primary care providers into the initiative.

Primary care practices that choose to participate in this initiative will be given support to better coordinate primary care for their Medicare patients.

This support will help doctors:

- Help patients with serious or chronic diseases follow personalized care plans;
- Give patients 24-hour access to care and health information;
- Deliver preventive care;
- Engage patients and their families in their own care;
- Work together with other doctors, including specialists, to provide better coordinated care.

The Centers for Medicare and Medicaid Services (CMS) will pay primary care practices a monthly fee for these activities in addition to the usual Medicare fees that these practices would receive for delivering Medicare covered



services. This collaborative approach has the potential to strengthen the primary care system for all Americans and reduce health care costs by using resources more wisely and preventing disease before it happens.

For more information, please see the Comprehensive Primary Care initiative web site at: <http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/cpci/>

For an overview fact sheet about the Comprehensive Primary Care initiative, visit: <http://www.healthcare.gov/news/factsheets/2011/09/primary-care09282011a.html>

Interested parties may obtain answers to specific questions by e-mailing CMS at: <mailto:CPCi@cms.hhs.gov>.

IHS Director Releases Behavioral Health Strategic Plans

In a “Dear Tribal Leader” Letter dated September 2nd, Indian Health Service (IHS) Director, Dr. Yvette Roubideaux, shared agency progress in developing behavioral health strategic plans. The plans, “The National Behavioral Health Strategic Plan” and “The National Suicide Prevention Strategic Plan” represent the current strategic plans and direction for the IHS Division of Behavioral Health (DBH). Implementation of these goals and plans will be overseen by the National Tribal Advisory Committee on Behavioral Health (NTAC), IHS Behavioral Health Work Group (BHWG), and IHS staff.

To view the “Dear Tribal Leader” Letter, the plans, and related documents, please visit: http://www.ihs.gov/PublicAffairs/DirCorner/index.cfm?module=tc_tribal_letters

IHS to Initiate Consultation, Form Workgroup on CSC Policy

In an October 11th “Dear Tribal Leader Letter”, Indian Health Service (IHS) Director, Dr. Yvette Roubideaux, initiated consultation

on the revision of the agency’s 2007 Contract Support Cost (CSC) policy. In order to help facilitate this process, IHS is convening a Tribal Workgroup on this issue. The Workgroup will make recommendations that will then be sent to Tribes for review and comment prior to implementation. Nominations for the Workgroup must be sent to your IHS Area Director by November 15th. A final Workgroup membership list will be released by December 15th, with the first meeting taking place in January 2012. To view the letter, click [here](#).

Sign Up for Washington Report, at:
http://www.nihb.org/legislative/washington_report.php

For More Information Contact:
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NEXT WEEK IN WASHINGTON

WHITE HOUSE AND HHS TRIBAL OUTREACH CALL ON ACA

DATE: OCTOBER 18TH

TIME: 3:00 PM EST

CONFERENCE CALL #: 888-552-9182

PASS CODE: 1598939

SENATE COMMITTEE ON INDIAN AFFAIRS OVERSIGHT FIELD HEARING ON, “H.O.P.E. FOR THE FUTURE: HELPING OUR PEOPLE ENGAGE TO PROTECT OUR YOUTH”

DATE: OCTOBER 22ND

TIME: 1:00 PM

LOCATION: DENA'INA CIVIC & CONVENTION CENTER

600 W. SEVENTH AVENUE

ANCHORAGE, AK 99501

