



SPECIAL NCAI ANNUAL CONVENTION EDITION

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* In addition to our weekly update, this week's Washington Report will highlight some of the events happening and topics to be covered next week at the NCAI Annual Convention.

**INDIAN HEALTH OPPORTUNITIES AT
NCAI**

**Health Resources and Services
Administration (HRSA) Consultation
Sunday, October 30, 9:00am - 12:00pm**

HRSA, the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable – is hosting a Kick-Off Consultation Session to receive input from Tribal leaders on HRSA's updated Tribal Consultation Policy. HRSA is committed to working with Tribes at the highest levels of the agency and is requesting comment on proposed updates. [Register for the consultation](#)

[here](#). For copies of HRSA's current and updated tribal consultation policies, contact [Liz Malerba](#), NIHB Legislative Assistant or [Jennifer Cooper](#), NIHB Legislative Director.

**Senate Committee on Indian Affairs Listening
Session
Monday, October 31, 4:30 - 6:00pm**

The Senate Committee on Indian Affairs will host a listening session with Tribal leaders to gather feedback on pending legislation. The Committee is interested in hearing comments on legislation including: Native Violence Against Women Act, Tribal Transportation, Tribal Energy Development, and other legislation attendees wish to discuss.

Location: Room A105
Oregon Convention Center
777 NE Martin Luther King, JR. Blvd.
Portland, Oregon 97232

**Senate Committee on Indian Affairs Meetings
with Tribal Leaders
Tuesday, November 1st
10:00 am – 3:00 pm
Room A104**

On Tuesday, November 1st, Loretta Tuell, Staff Director of the Senate Committee on Indian Affairs will hold meetings with tribal leaders from 10:00 a.m. to 3:00 p.m. in Room A104.
Location: Room A104
Oregon Convention Center
777 NE Martin Luther King, JR. Blvd.
Portland, Oregon 97232



RSVP: Since there will be a limited number of meetings available, any meeting must be scheduled through Christiane Cardoza.

• **By phone: Christiane Cardoza at 202-224-2251; or**

• **E-mail:**

listeningession@indian.senate.gov

NIHB UPDATES

NIHB to Continue to Lead Amicus Brief on ACA

The National Indian Health Board will continue to be the lead among hundreds of Tribes and Tribal organizations in an Amicus Brief in a prominent case pertaining to the Patient Protection and Affordable Care Act (ACA)- *State of Florida et al. vs. U.S. Department of Health and Human Services et al.* Immediately filed after the enactment of the ACA, 26 state government plaintiffs challenged the constitutionality of the individual mandate – the ACA requirement for all individuals who can afford health care insurance to purchase a minimally comprehensive insurance policy.

Judge Roger Vinson, a federal District Court judge in the Northern District of Florida, concluded that Congress overstepped its bounds with this requirement and because this provision is unseverable from the ACA, i.e., not able to be separated from rest of the law, the entire ACA must be struck down along with the individual mandate provision

The case then went to the 11th Circuit Court of Appeals. It was at this time that the National Indian Health Board, Tribes and Tribal organizations added their voice in the case as amicus curiae – meaning “friend of the court.” (Individuals or entities that are not parties in the case but have an interest or perspective on issues of a case may seek to file an amicus brief to provide input on the issues being argued.) The amicus brief effort was initiated by the Seminole Tribe of Florida, and with their backing, the National Indian Health Board served as the lead on the Tribal amicus brief.

In this brief, the Tribes expressed that the lower court’s ruling on this issue was overbroad and that the IHCA and the Indian specific provisions of the ACA are independent from ACA’s individual mandate provision and these provisions should not be struck down.

The 11th Circuit Court of Appeals found the individual mandate unconstitutional by a 2-1 vote on Aug. 12. The court, however, found the individual mandate to be severable from the rest of the law, and found the remaining provisions “legally operative.” Judge Marcus dissented. The federal government on September 28th appealed the case to the Supreme Court. The subsequent Tribal amicus brief will continue the arguments above.

The Supreme Court could decide to hear a case or cases regarding the constitutionality of the federal health care law, according to media reports on Wednesday. Supreme Court justices will consider in a closed-door conference on Nov. 10 how they will handle the current lawsuits filed against the health care law. If the justices decide during their Nov. 10 meeting to hear one or more health care cases, they could make the announcement that day or, more likely, in a written list of orders that is scheduled for release on Nov. 14.

NIHB is encouraging all Tribes and Tribal organizations to sign onto the brief. A critical mass will bolster this important argument. To sign on to the brief, please contact Jennifer Cooper, NIHB Legislative Director, at: jcooper@nihb.org or 202-507-4070

NIHB Board Member Sally Smith Testifies at Senate Committee on Indian Affairs Field Hearing

On October 22, 2011, NIHB Board Member and Alaska Area Representative, H. Sally Smith, testified at a Senate Committee on Indian Affairs Oversight Field Hearing at the Dena’ina Civic and Convention Center in Anchorage, Alaska. Entitled, “H.O.P.E. for the Future: Helping Our People Engage to Protect Our Youth,” the hearing centered on root causes of the youth suicide epidemic currently plaguing Indian



Country and featured witnesses from the federal government, as well as Alaska Native witnesses. Ms. Smith's testimony on behalf of NIHB focused on adverse childhood experiences (ACEs) as a major cause of suicide and called for greater funding for the Indian Health Service, mental health studies, and suicide prevention grant programs.

Click [here](#) to read the testimony.

NIHB Submits Written Comments in Support of Prevention and Public Health Fund

On October 25th, the National Indian Health Board submitted written comments for the record of a Senate Health, Education, Labor, and Pensions (HELP) hearing entitled, "The State of Chronic Disease Prevention." Much of the hearing 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. In the comments, NIHB discusses the health disparities faced by Indian Country, the wisdom and cost-effectiveness of investing in prevention, and the great potential that the Prevention and Public Health Fund poses for reducing disparities for Native people. Click [here](#) to read the comments.

HILL UPDATES

Senate Committee on Indian Affairs Recommends Supercommittee Exempts IHS from Cuts

In a recent letter to the Joint Select Committee on Deficit Reduction (the "Supercommittee"), the Senate Committee on Indian Affairs recommended that the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA) be exempted from any across-the-board cuts to discretionary funding in the Supercommittee's final report. Citing the federal trust responsibility and precedence in the *Budget and Emergency Deficit Control Act of 1985*, the letter from Chairman Daniel Akaka (D-HI) on behalf of the Indian

Affairs Committee asks that, "[the Supercommittee] remain cognizant of the profound impact any reduction in funding has on the lives of Native people."

The Supercommittee is tasked with finding at least \$1.2 trillion in federal deficit reduction by November 23rd. To read the letter, click [here](#).

Supercommittee Dems and GOP Each Attempt Proposals

Following an October 26th public hearing in which Congressional Budget Office (CBO) Director, Doug Elmendorf, testified that Congress has "already taken significant steps" to restrict non-defense discretionary spending, Supercommittee Democrats and Republicans have each presented the other side with competing draft deficit reduction proposals. The proposals have not been officially released, and so little is known of their contents.

A plan advanced by Senator Max Baucus (D-MT) and supported by a majority of Supercommittee Democrats contains approximately \$3 trillion in deficit reduction over the next ten years, a figure much higher than the Committee's minimum of \$1.2 trillion. Within the package is \$575 billion in cuts from Medicare and Medicaid, and \$400 billion from federal appropriations including defense. It also features \$1 trillion in revenue increases, including raising taxes on wealthy Americans. Republicans immediately rejected the proposal.

Supercommittee Republicans then countered with a draft plan that would reduce the deficit by \$2.2 trillion over the next decade. Their plan includes no tax increases, instead depending on up to \$640 billion in new revenue from increased fees and projected tax revenue from economic gains spurred by future tax reform. Cuts to both mandatory and discretionary are reportedly larger. They include savings from entitlement programs other than Medicare and Medicaid, possibly food stamps, as well as a reduction in federal personnel. Democrats have rejected this proposal, as well.



These are the Supercommittee's first steps in securing an agreement on deficit reduction that can pass both chambers of Congress. CBO Director, Doug Elmendorf, testified that his office would need to see a plan by the first week of November to begin evaluating its impact, so it is likely that plans will continue to materialize. The next public hearing of the Supercommittee will be November 1st, with former National Commission on Fiscal Responsibility and Reform Chairs Alan Simpson and Erskine Bowles.

To see a video and read testimony from the Supercommittee's hearing on discretionary spending, click [here](#).

House Votes to Scale Back Medicaid Expansion

On October 27th, the House of Representatives approved a bill that would affect eligibility for Medicaid and new health insurance subsidies. Passed by a vote of 262 to 157, HR 2576 would change a provision in the Affordable Care Act that would allow people to exclude Social Security benefits from their income when applying for health benefits, including Medicaid and subsidies to purchase private insurance on new state-run exchanges.

The Congressional Budget Office (CBO) estimates that between 500,000 and 1 million Americans would lose health insurance coverage if this legislation is enacted and it would save \$13 billion over the next decade. The Obama Administration released a statement in support of the measure.

Senate Interior Appropriations Subcommittee Releases Draft of FY 2012 Interior Appropriations Bill

Senators Jack Reed (D-RI) and Lisa Murkowski (R-AK), the bipartisan leadership of the Senate Appropriations Subcommittee on Interior, Environment, and Related Agencies, have released draft legislation for their Fiscal Year (FY) 2012 Appropriations bill, calling it a "starting point" for discussion with House and Senate colleagues. Using the spending limits imposed by

the debt ceiling deal, the draft legislation funds the Indian Health Service at a level of \$4.282 billion. This figure includes \$829,927,000 for Contract Health Services, \$442,693,000 for Contract Support Costs, and \$446,342,000 for the Facilities line item.

Although this proposal includes a \$213,230,000 increase from FY 2011 levels, it remains \$341,358,000 less than the President's request. It is also less than what was approved by the House Committee on Appropriations: \$4.462 billion.

With the current Continuing Resolution expiring on November 18th, both Chambers of Congress are facing some pressure to either finish passing individual appropriations bills and then reconcile them, or they must pass a large package containing appropriations for all Federal agencies. However, it seems as though they may be awaiting the Joint Select Committee on Deficit Reduction's recommendations. NIHB is monitoring this situation carefully and will report on new information as it arises.

ADMINISTRATION UPDATES

HHS Secretary's Tribal Advisory Committee: Current Vacancies, Nomination Request

In 2010, the Department of Health and Human Services (HHS) created a Secretary's Tribal Advisory Committee (STAC) and has successfully been meeting for nearly a year. The STAC was one of the first Cabinet Level Tribal Advisory Committee to any Secretary in the Administration.

To date four meetings of the STAC have occurred. Secretary Kathleen Sebelius, Tribal STAC members, and senior leadership from HHS, together, have been working to focus collective efforts to improve how HHS works with Tribes, delivers services and reduces barriers to access of HHS programs and services. The STAC signals a new level of attention to Government-to-Government relationship between HHS and Indian Tribal Governments.



The Secretary has released a “Dear Tribal Leader Letter” to announce vacancies for the 2 primary delegates and for 2 alternate delegates. Listed below are the areas from which HHS seeking nominations.

Primary Delegate Nominations:

- * Aberdeen Area
- * Albuquerque Area

Alternate Delegate Nominations:

- * Bemidji Area
- * Portland Area

To read the “Dear Tribal Leader Letters” and related materials, click [here](#).

Nomination letters should be submitted no later than Thursday December 1, 2011. If you have further questions or concerns, please feel free to contact Stacey Ecoffey at: Stacey.ecoffey@hhs.gov

U.S. Government Accountability Office (GAO) Releases Report on IHS and Forensic Data Collection in Sexual Assault, Domestic Violence Cases

On October 26th, 2011, the United States Government Accountability Office (GAO) released a report entitled, "Indian Health Service: Continued Efforts Needed to Help Strengthen Response to Sexual Assaults and Domestic Violence."

Summary

In response to a Tribal Law and Order Act of 2010 mandate, GAO examined (1) the ability of Indian Health Service (IHS) and tribally operated hospitals to collect and preserve medical forensic evidence involving cases of sexual assault and domestic violence, as needed for criminal prosecution; (2) what challenges, if any, these hospitals face in collecting and preserving such evidence; and (3) what factors besides medical forensic evidence contribute to a decision to prosecute such cases. GAO surveyed all 45 IHS and tribally operated hospitals and interviewed IHS and law enforcement officials and prosecutors.

Results

GAO's survey of IHS and tribally operated hospitals showed that the ability of these hospitals to collect and preserve medical forensic evidence in cases of sexual assault and domestic violence--that is, to offer medical forensic services--varies from hospital to hospital. GAO found that the utility of medical forensic evidence in any subsequent criminal prosecution depends on hospital staff's properly preserving an evidentiary chain of custody, which depends largely on coordinating with law enforcement agencies.

Recommendations

GAO is making five recommendations aimed at improving IHS's response to sexual assault and domestic violence, including to develop an implementation and monitoring plan for its new sexual assault policy and to modify sections of the policy regarding required training and subpoenas or requests to testify.

Click [here](#) for more information and to read the report.

Medicare Part B Premiums for 2012 Lower than Projected

On October 27th, the U.S. Department of Health and Human Services (HHS) announced that because of the Affordable Care Act, Medicare Part B premiums in 2012 will be lower than previously projected and the Part B deductible will decrease by \$22. While the Medicare Trustees predicted monthly premiums would be \$106.60, premiums will instead be \$99.90. Earlier this year, HHS announced that average Medicare Advantage premiums would decrease by four percent and premiums paid for Medicare's prescription drug plans would remain virtually unchanged.

Medicare Part B covers physicians' services, outpatient hospital services, certain home health services, durable medical equipment, and other items. In 2012, the “standard” Medicare Part B premium will be \$99.90. This is a \$15.50 decrease over the standard 2011 premium of \$115.40 paid by new enrollees and higher income Medicare beneficiaries and by Medicaid on behalf of low-income enrollees.



The Centers for Medicare and Medicaid Services (CMS) also announced modest increases in Medicare Part A monthly premiums as well as the deductible under Part A. Monthly premiums for Medicare Part A, which pays for inpatient hospitals, skilled nursing facilities, and some home health care, are paid by just the 1 percent of beneficiaries who do not otherwise qualify for Medicare. Medicare Part A monthly premiums will be \$451 for 2012, an increase of \$1 from 2011. The Part A deductible paid by beneficiaries when admitted as a hospital inpatient will be \$1,156 in 2012, an increase of \$24 from this year's \$1,132 deductible. These changes are well below increases in previous years and general inflation.

For more information about the Medicare premiums and deductibles for 2012, please visit: https://www.cms.gov/apps/media/fact_sheets.asp

White House Announces 2011 Tribal Nations Conference

On Friday, December 2, 2011, President Obama will host the White House Tribal Nations Conference at the Department of the Interior. As part of President Obama's ongoing outreach to the American people, this conference will provide leaders from the 565 federally recognized tribes the opportunity to interact directly with the President and representatives from the highest levels of his Administration. Each federally recognized tribe will be invited to send one representative to the conference.

Please RSVP with the full name (including full middle name), position, tribe, social security number, date of birth, country of citizenship, country of birth, gender, current city and state of residence, e-mail and telephone number of your tribe's representative to tribalnationsconference@who.eop.gov or fax a letter to (202) 456-1647, attention Tribal Nations Conference, by **10 p.m. EST on Wednesday, November 16, 2011**. Following the registration deadline, you will receive confirmation and further instructions.

The Conference will be held at the Department of the Interior's Sidney R. Yates Auditorium from 8:30 a.m. to 3:00 p.m. Additionally, each federally recognized tribe is invited attend a smaller regional briefing and listening session at the Eisenhower Executive Office Building on either Wednesday, November 30 or Thursday, December 1, 2011, with senior members of President Obama's Administration. For more details, please see the attached schedule of events and the frequently asked questions document.




SAVE THE DATE

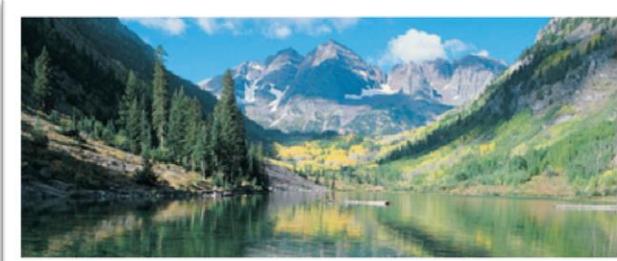
Wednesday, November 30th, 2011

NIHB TRIBAL BRIEFING

Featuring Top Issues in Indian Health:
ACA Implementation, Budget, SDPI, and more!

The Madison Hotel
1177 15th Street Northwest
Washington D.C., DC 20005
(202) 862-1600

Room block available for check-in 11/29-12/02



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**

UPCOMING EVENTS

**HOUSE COMMITTEE ON ENERGY AND
COMMERCE HEARING ON, "DO NEW
HEALTH LAW MANDATES THREATEN
CONSCIENCE RIGHTS AND ACCESS TO
CARE?"**

DATE: NOVEMBER 2ND

TIME: 10:00 AM

LOCATION: 2123 RAYBURN HOUSE OFFICE
BUILDING

**MEDICARE MEDICAID POLICY
COMMITTEE (MMPC) FACE-TO-FACE
MEETING**

DATE: NOVEMBER 15TH

TIME: 9:00 AM – 5:00 PM

LOCATION: 1331 G CONFERENCE CENTER
1331 G STREET, NW

SUITE 300

WASHINGTON, DC 20005

CMS-TTAG FACE-TO-FACE MEETING

DATE: NOVEMBER 16TH AND 17TH

LOCATION : NATIONAL MUSEUM OF THE
AMERICAN INDIAN, WASHINGTON, DC

**WHITE HOUSE TRIBAL NATIONS
CONFERENCE**

DATE: DECEMBER 2ND

LOCATION: WASHINGTON, DC

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

For More Information Contact:

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