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NIHB UPDATES

NIHB Launches the GO the EXTRA MILE Initiative

The National Indian Health Board (NIHB) is pleased to introduce our new healthy workplace initiative, GO the EXTRA MILE. The goal of the NIHB GO the EXTRA MILE initiative is to create a healthier work environment and promote employee health through exercise. This initiative stems from the CEO Pledge, a project through the National Coalition on Promoting Physical Activity (NCPPA), which urges CEOs to pledge their commitment to fostering a healthy workplace. Along with the NIHB Executive Director, each NIHB staff member pledged to walk an additional mile each day for an entire year. NIHB will aggregate these miles and "virtually" walk to each of the 12 Indian Health Service Areas, either to an Area Indian Health Board or to a Tribal Partner in Areas that do not have a Board.

American Indians and Alaska Natives (AI/ANs) have the highest age-adjusted prevalence of Type 2 diabetes among all U.S. racial and ethnic groups and the obesity rate is 39% for those 18 and older. There is a correlation between physical activity and chronic disease. The Diabetes Prevention Program clinical trial, led by the National Institutes of Health, has shown that getting at least the recommended 30 minutes a day of moderate physical activity can reduce the risk of developing Type 2 diabetes by 58% in people at risk. Among AI/AN adults 18 and over, the percentage of inactive physical activity in 2010 was 53.9%, which was far from meeting federal physical activity guidelines (at least 150 minutes or 30 minutes a day of moderate-intensity aerobic activity per week). NIHB wants to change these statistics and transform Tribal organizations from sedentary workplaces into physically active ones.

NIHB launched the GO the EXTRA MILE on November 1st in honor of both National Diabetes Awareness Month and Native American Heritage Month. NIHB staff, along with staff from the National

Council of Urban Indian Health (NCUIH), the Center for Native American Youth, Strategies to Overcome and Prevent (S.T.O.P.) Obesity Alliance, and the National Coalition for Promoting Physical Activity (NCPPA), gathered in front of the Smithsonian National Museum of the American Indian, in Washington, D.C. to walk the first mile together.

NIHB's GO the EXTRA MILE is one small step toward supporting diabetes and obesity prevention for AI/ANs. We encourage other Tribal organizations to join us in this endeavor to improve employee health. To learn more about the initiative and to join us, please visit our website at http://www.nihb.org/extra_mile/. For questions, contact Liz Heintzman, NIHB Legislative Programs Associate at 202-507-4072 and/or lheintzman@nihb.org

NIHB Celebrates National Diabetes Awareness Month and Native American Heritage Month in November

In celebration of National Diabetes Awareness Month and Native American Heritage Month, the National Indian Health Board (NIHB) will host several exciting events throughout November that will focus on promoting American Indian and Alaska Native wellness, raising diabetes awareness, and celebrating the success of the Special Diabetes Program for Indians (SDPI). NIHB will update the SDPI Resource Center website with new tools and information in November.

For more information on National Diabetes Awareness Month and Native American Heritage Month events, visit http://www.nihb.org/sdpi/news.php#november

NIHB Advocates for Special Diabetes Program for Indians Reauthorization

NIHB continues to visit House and Senate offices to discuss with Congressional Members and Capitol Hill staff on the critical need for the reauthorization of the Special Diabetes Program for Indians (SDPI) this year. The campaign for renewal is ongoing and it will take all of Indian Country to work together and share information to get SDPI passed before the program is set to expire in September 2013.

NIHB has created a new "SDPI Resource Center" to share information and provide new tools to help tribal communities participate in this campaign. This website contains up to date information on the status of the renewal campaign in Congress; materials created by grantees and tribes that showcase successes and personal stories; State specific information, and a new tool—a Congressional Tracker—that will give you current information on your Member of Congress relevant to the SDPI renewal campaign. Visit the SDPI Resource Center at http://www.nihb.org/sdpi/

NIHB Submits Recommendation Letter to VA and IHS on All-Inclusive Reimbursement Rate for Tribes

On October 17th, NIHB submitted a letter to the U.S. Department of Veterans Affairs (VA) and the Indian Health Service (IHS) recommending that all Tribal facilities and IHS operating programs receive reimbursement from the VA for services provided to American Indian veterans based upon the Medicaid All-Inclusive Rate rather than the Medicare Fee Schedule Cost Reimbursement Rate that is applicable to a Federally Qualified Health Center (FQHC).

As the VA continues with implementation of the reimbursement requirements under Section 405(c) of the Indian Health Care Improvement Act (IHCIA), Tribes have asked that the reimbursement rate under the VA-IHS agreement for all Tribal and IHS facilities must be based upon the Medicaid All-Inclusive Rate rather than the Medicare Fee Schedule in order to cover the costs of care at these facilities to the eligible beneficiaries. The Medicare Fee Schedule reimbursement rate proposed to Tribes by VA could result in revenues to the Tribal facilities being below the cost of providing care to American Indian veterans. Tribes see the implementation reimbursement rates as a top priority that remains to be fulfilled. Over the next several years as more provisions of the IHCIA are put into practice, the delivery of health care for American Indians will improve.

The VA continues to host Tribal Listening Sessions throughout Indian Country as the VA and Tribes begin to enter into negotiations on terms and conditions for reimbursement rates for services provided to American Indian veterans. Stay tuned for more developments.

A copy of this letter is available on the NIHB website at http://www.nihb.org/

NIHB Hosts 40TH Anniversary Celebration and 29TH Annual Consumer Conference

Last month, the National Indian Health Board (NIHB) hosted its 40th Anniversary Celebration and 29th Annual Consumer Conference (ACC) in Denver, Colorado at the Sheraton Denver Downtown from September 24-27.

This year's NIHB ACC brought together Tribal leaders, Tribal health administrators, Area Indian Health Boards, health care professionals, and individuals together to discuss successes, challenges, opportunities, and the future of health care for American Indian and Alaska Native (AI/AN) people. Many exciting sessions were held during the ACC, including a Special Diabetes Program for Indians (SDPI) luncheon event featuring keynote speaker, Congresswoman Diana DeGette (D-CO-1).

For session recaps, photos and additional information on this year's ACC, visit http://www.nihb.org

ADMINISTRATION UPDATES

HHS Continues to Support State Efforts to Build Affordable Insurance Exchanges

The Department of Health and Human Services (HHS) awarded a new round of Affordable Insurance Exchange Establishment Grants to Arkansas, Colorado, Kentucky, Massachusetts, Minnesota, and the District of Columbia. These awards will give states the flexibility and resources needed to create new health insurance marketplaces, known as Exchanges, for their residents.

Because of the Affordable Care Act, consumers and small businesses will have access to Exchanges starting in 2014. The Exchanges are one-stop marketplaces that will provide access to quality, affordable private health insurance choices similar to those offered to Members of Congress. Consumers in every state will be able to buy insurance from qualified health plans directly through these marketplaces and may be eligible for tax credits to help pay for their health insurance. These competitive marketplaces promote competition in the insurance marketplace and provide consumers with more insurance choices.

To ensure states have the support and time they need to build an Exchange, States may apply for grants through the end of 2014 and may use funds through the initial start-up year. For a detailed breakdown of Exchange grant awards made to States, including summaries of how States plan on using the awards, visit: http://www.healthcare.gov/news/factsheets/2011/05/exchanges05232011a.html and for more information on Exchanges, visit: http://www.healthcare.gov/exchanges

HHS Announces Increased High Quality Medicare Choices

The Department of Health and Human Services (HHS) announced that people with Medicare have more high quality choices and the performance of Medicare Advantage plans is improving. HHS has also released the 2013 quality ratings for Medicare health and drug plans on the web-based Medicare Plan Finder. During Medicare Open Enrollment (October 15 – December 7), people with Medicare can use the star ratings to compare the quality of health and drug plan options and select the plans that are the best value for their needs for 2013.

In 2013, people with Medicare will have access to 127 four-star or five-star Medicare Advantage plans currently serving 37 percent of Medicare Advantage enrollees, and may attract more with their improved quality ratings. In 2012, people with Medicare had access to 106 four or five-star plans, which served only 28 percent of enrollees. Medicare plans are given an overall rating on a 1 to 5 star scale, with 1 star representing poor performance and 5 stars representing excellent performance.

As a result of provisions of the Affordable Care Act, Medicare is doing more to promote enrollment in high quality plans and alert beneficiaries who are enrolled in lower quality plans. Now, persons with Medicare enrolled in consistently low performing plans (those receiving less than 3 stars for at least the past 3 years) will receive notifications to let them know how they can change to a higher quality plan if they choose to do so. The Medicare Plan Finder and other helpful Medicare tools are available at www.medicare.gov

HHS Announces Medicare Savings of $4.8 Billion on Prescription Drugs Through the Affordable Care Act

The Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced that 5.6 million seniors and people with disabilities have saved $4.8 billion on prescription drugs since the Affordable Care Act was enacted. In 2012 alone, 2.3 million people in the Medicare prescription drug coverage gap known as the "donut hole" have saved an average of $657. During the first nine months of 2012, over 20.7 million people with original Medicare got at least one preventative service at no cost to them.

The health care law includes benefits to make Medicare prescription drug coverage more affordable. In 2011, people with Medicare who hit the donut hole began receiving discounts on covered brand-name drugs and savings for generic drugs. For 2013, people with Medicare in the donut hole will receive about 53 percent on the cost of brand name drugs and a 21 percent savings for the cost of generic drugs. These savings and Medicare coverage will gradually increase until 2020, when the donut hole will be closed. HHS also announced that, because of the new health care law, many preventative services are now offered free to beneficiaries (with no deductible or co-pay) so the cost is no longer a barrier for seniors who want to stay healthy and treat problems early.

For more information on the estimate of average Medicare beneficiary savings from 2010 to 2022, please visit: http://aspe.hhs.gov/health/reports/2012/beneficarysavings/ib.shtml

Hill Update

Sustainable Growth Rate (SGR) Fix to Avert Medicare Cuts Likely Focus During Lame Duck Session

After the November elections, Congress will return to Washington, D.C. for their final "lame duck" session of the 112th Congress. A lame duck Congress includes retiring Members (in both houses) and Members who will continue their services in the 113th Congress. A large bloc of medical groups are pushing Congress to avert the Medicare provider cuts set to take effect as a result of the sequester and the expiration of the current sustainable growth rate (SGR) fix.

The cuts would devastate medical practices and patient care if they take effect on January 1, 2013. The sequestration was negotiated as part of the August 2011 budget deal, and would cut payments to Medicare providers by 2 percent unless Congress intervenes before January 1, 2013. Providers would see an additional cut of 27 percent if the current SGR fix is allowed to expire on that same date.

Earlier this year, Congress passed a compromise bill, H.R. 3630, that would delay the impending 27 percent cut in Medicare pay rates for ten months. The House of Representatives voted 293-132 to pass the bill, and the Senate passed it by a 60-36 vote. The compromise—which also provided a year-long payroll tax cut extension and an extension of unemployment benefits—would hold Medicare payment rates to doctors steady at 2011 rates through this year.

Leading the charge on urging Congress to pass legislation to avert Medicare cuts is the American Medical Association (AMA), the largest U.S. physician group. Together with the American Hospital Association and the American Nurses Association, the AMA released a recent report concluding that the sequester cuts alone would end more than 750,000 healthcare jobs by 2021. The cuts would ripple through the healthcare economy, likely reducing purchases of health goods and services and lowering household income among unemployed healthcare workers.

Senate Calls on House of Representatives to Pass VAWA

The Senate continues to call on the House of Representatives to pass the bipartisan Violence Against Women Act (VAWA) reauthorization bill approved in the Senate (S. 1925) earlier this year. The reauthorization would extend programs and update the law by including non-discrimination protection for all victims, regardless of their race, color, religion, national origin, sex or disability.

Indian Country is impacted by the lack of inaction in reauthorizing VAWA. Tribal police, prosecutors, and courts have had significant success in combating crimes of domestic violence committed by Indians in Indian Country. But Tribes cannot prosecute a non-Indian, even if he/she lives on the reservation and is married to a Tribal member.

Under S. 1925's Tribal-jurisdiction provisions: Tribes could prosecute non-Indians only for domestic violence, dating violence, and violations of protection orders; Federal and State-court jurisdiction over domestic violence would be unaffected; defendants would effectively have the same rights in Tribal court as in state court; and defendants could protect their rights by appealing their convictions to a Tribal court and filing habeas corpus petitions in Federal court.

VAWA was originally enacted in 1994 and has been reauthorized twice—in 2000 and 2005—with unanimous Senate approval. The most recent extension expired in 2011. The Senate passed a reauthorization bill in April 2012, but the House of Representatives has refused to consider the bipartisan Senate bill. The law provides federal funding for programs and initiatives designed to help victims, and reauthorization is needed to ensure that local communities and law enforcement agencies get the full resources they need to fight domestic violence.

Stay tuned to www.nihb.org for more information and as it develops.

UPCOMING EVENTS

U.S. Presidential Election
Date: November 6th

Medicare Medicaid Policy Committee (MMPC) Meeting
Date: November 13th
Location: Kaiser Family Foundation, Washington, D.C.

Tribal Technical Advisory Group (TTAG) Face to Face Meeting
Dates: November 14-15, 2012
Time: 9:00 AM – 5:00 PM
Location: National Museum of the American Indian (NMAI), Washington, D.C.