

National Indian Health Board



Our Vision: To Advocate on Behalf of All Tribal Governments and American Indians and Alaska Natives in Their Efforts to Provide Quality Health Care. 1972-2012: Celebrating 40 Years of Advocacy

National Indian Health Board 2012 Policy Agenda

Approved by NIHB Board – January 24, 2012

The National Indian Health Board (NIHB) is dedicated to advocating for the improvement in the delivery of health care to American Indians and Alaska Natives. To advance the organization's mission, the NIHB Board of Directors sets forth the following policy priorities that the NIHB will pursue at the national level through its legislative and regulatory work in 2012.

I. Secure Increased Funding for Health Services and Programs for American Indians and Alaska Natives in both Indian Health Service (IHS) and Beyond

Each year, the National Tribal Budget Formulation Workgroup to the Indian Health Service (IHS) diligently works to synthesize the priorities identified by the Tribes in each of the Areas of the IHS into a cohesive message outlining Tribal funding priorities nationally. These Tribal priorities are the foundation and roadmap for the work that NIHB does on behalf of Tribes in the pursuit of needed funding for health care services and programs for American Indians and Alaska Natives. In addition to advocating for these national tribal priorities, NIHB will call on lawmakers to:

- Protect IHS funding from sequestration, rescissions and across the board cuts.
- Increase Tribal access to block grant funding.

II. Seek the Reauthorization of the Special Diabetes Program for Indians

In 1997, Congress created the Special Diabetes Program for Indians (SDPI) to address the disproportionate burden of type 2 diabetes on American Indian and Alaska Native populations. Funding for SDPI is set to expire September 30, 2013. To ensure that this program does not experience a disruption in funding, NIHB is asking Congress to introduce and enact legislation this year.

III. Preserve the Permanent Reauthorization of the Indian Health Care Improvement Act and Promote Tribal Priorities in the Implementation of this Act

The Indian Health Care Improvement Act (IHCIA) is the key baseline statutory authority for the delivery of health care to American Indians and Alaska Natives and after 11 years, this important authority was reauthorized permanently as part of the enactment of the Patient Protection and Affordable Care Act (ACA) in 2010. The NIHB will continue to advocate and support the IHCIA in all arenas and promote the tribal perspectives in the implementation of the IHCIA. NIHB will also increase attention on certain IHCIA provisions such as:



- Sec. 405 (c): Department of Veteran Affairs and Defense reimbursement to IHS and Tribal facilitates for services provided to American Indian and Alaska Native veterans.
- Sec. 204: Diabetes Prevention, Treatment and Control
- Sec. 221: Licensing

IV. Support the Affordable Care Act (ACA) and Ensure Indian People and the Indian Health Delivery System Benefit from the ACA

The ACA provides a wealth of new resources and opportunities. The NIHB will work to ensure that the implementation of the ACA (i) protects Indian people and the Indian health delivery system, and (ii) ensures individual Indians and the Indian health delivery system enjoy the benefits offered by the ACA by calling on policymakers to:

- Ensure that individual Indians currently receiving health benefits continue to receive all the benefits in the implementation of the ACA by seeking a uniform definition of Indian.
- Include Indian health providers as part of the health plan provider networks offered through Health Insurance Exchanges.
- Require health plans offered through the Exchanges to use an Indian Addendum with Indian health providers to facilitate the application of Indian specific provisions of key Federal laws.
- Facilitate Tribes and Tribal organizations in becoming financial sponsors for individual Indians by requiring each Exchange to permit Tribal entities to pay for unsubsidized portion of premiums

In addition, NIHB will continue to:

- Support the work of tribal advisory committees such as the Tribal Technical Advisory Group to the Centers for Medicare and Medicaid Services (TTAG) and Medicare and Medicaid Policy Committee (MMPC) through technical expertise and committee support.
- Produce and disseminate the NIHB Regulation Review and Impact Analysis Report (RRIAR)
- Work with Tribes, Tribal Organizations, IHS and other partners on education and outreach for Tribal leaders, health directors, and members on the ACA and IHCIA.

V. Support Existing Programs and Seek Funding to Address Chronic Diseases such as Diabetes and Encourage Health Promotion and Disease Prevention

Chronic disease such as diabetes, cancer and heart disease remains disproportionality high about Indian people. Health promotion and disease prevention activities provide the greatest opportunities to reduce the burden of chronic disease on Tribal communities and the Indian health system. NIHB will focus its efforts on:

- Supporting the Public and Prevention Fund established in the ACA
- Supporting bills that promote and enhance healthier opportunities for Tribal communities and members especially in areas of accessing healthy foods and preventing childhood obesity.

VI. Increase Attention and Program Support for Behavioral and Mental Health Services and Programs Especially for the Prevention of Youth Suicide Incidences

There is an overwhelming need for behavioral and mental health services in Indian Country. Legislation and programs focused in this area will make major strides toward addressing the chronic behavioral issues throughout Indian Country. The NIHB is committed to addressing this serious issue by:

- Supporting the Reauthorization of Garrett Lee Smith Memorial Act.
- Advocating for the development of a special program to address American Indian and Alaska Native youth suicide prevention.

