



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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2009 Legislative Plan Summary

The Northwest Portland Area Indian Health Board (NPAIHB) is a P.L. 93-638 tribal organization that represents health care issues of 43 federally-recognized Tribes in WA, OR, and ID. The following provides our recommendations to the 111th Congress. A detailed analysis of these issues is presented in our full 2009 *Legislative Plan and Transition Recommendations* available at www.npaihb.org.

Indian Health Service Appropriations

FY 2009 IHS Budget and Mandatory costs

The federal government is under a continuing resolution through March 6, 2009. Tribes are very concerned about the status of the FY 2009 appropriation for the Indian Health Service (IHS). The President's request proposed to cut the IHS budget by \$21.3 million. In FY 2009, we estimate that it will take \$486 million to maintain current services. These include medical inflation, mandatory payroll increases, and population growth (including new Tribes funding). The IHS must receive an increase of at least \$486 million to maintain current services. Anything less means a cut in health care services. Current services include: CHS inflation \$57.3 million; other health services inflation \$208 million; Contract Support Costs \$158 million; and population growth \$62 million.

Full Funding for Contract Support Costs

P.L. 93-638 authorizes Tribes to manage programs previously administered by federal agencies. The well-documented achievements of the Indian self-determination policies have consistently improved service delivery, increased service levels, and strengthened Tribal governments and institutions for Indian people. The IHS estimates a shortfall of approximately \$158 million in contract support costs. NPAIHB recommends a \$158 million increase in the appropriation for contract support costs.

Permanent Funding for Epidemiology Centers

Tribal Epidemiology Center programs were authorized by Congress as a way to provide significant support to multiple Tribes in each of the IHS Areas. The President's only requests an increase of \$415,000 to cover the increased expense of operating twelve Epidemiology Centers. The twelve Epidemiology Centers provide critical support for tribal efforts in managing local health programs. The Northwest Portland Area Indian Health Board supports permanent funding for Tribal Epidemiology Centers.

Increase Funding for Substance Abuse in the Mental Health and Alcohol Line Items

The President's budget proposes to cut alcohol and substance abuse funding for the IHS by over \$11 million. More needs to be done to address the behavioral health needs of tribal communities. The circle of violence, depression, and substance abuse continues to plague tribal communities. Methamphetamine use is on the rise resulting in tremendous costs to the Indian health care system. Currently, there are no Tribal programs in the Northwest that provide for this type of treatment for adults. Congress must appropriate additional funding in the amount of \$12.1 million for the IHS alcohol substance abuse line item if we are to make a difference.

Health Facilities Construction Funding

Although the IHS is working to improve the Health Facilities Construction Priority System (HFCPS), there are many tribal health facilities that will never be replaced or renovated under the current HFCPS. The Joint Venture (JV) and Small Ambulatory (SAP) Programs are an efficient way to maximize resources of the federal government. The current priority list was developed in 1991 and virtually locks out Tribes from much needed construction dollars unless they are one of the facilities on the current list. If facilities construction funding is restored, it is recommended that the JV and SAP programs each receive \$10 million in FY 2009.

Legislative Priorities

Indian Health Care Improvement Act

The Indian Health Care Improvement Act (IHCIA) serves as the key federal laws that authorize appropriations for IHS programs. The IHCIA establishes the basic programmatic structure for delivery of health services to Indian people and authorizes the construction and maintenance of health care and sanitation facilities in Indian Country. Since the IHCIA has yet to be reauthorized, all of the IHCIA programs and funding should be continued by Congress. Senate and House leadership should agree to pass the IHCIA legislation in this legislative session; and if it cannot be passed as an entire bill, proposed programs should be considered for separate legislation.

Medicare and Medicaid Programs

It is estimated there are over 120,000 American Indians and Alaska Natives (AI/AN) over the age of 65 years. Medicare is an important program for health care to many of these Indian elders and an important funding source for IHS programs

There are a number of unresolved issues stemming from the passage of the Medicare Modernization and Deficit Reduction Acts. These issues must be resolved so that Indian elders can participate equally as other Americans in this important health program. Congress provided the states with \$87 billion in Medicaid assistance as part of the economic stimulus package. This aid will increase the federal matching assistance percentage (FMAP) and will target states with particularly high unemployment rates. This is very important for Tribal programs as Medicaid reimbursements provide additional funding for health services. Unfortunately, during tough economic times states cut health services as cost containment to balance deficit budgets. It's important to note that states receive 100% FMAP for Medicaid services provided in an Tribal facilities and does not cost states any money whatsoever. This must be protected by Congress.

Special Diabetes Program for Indians

The Special Diabetes Program for Indians (SDPI) provides a comprehensive source of funding to address diabetes issues in Tribal communities by providing grants to 318 programs in 35 different states that successfully provide diabetes prevention and treatment services. The program is administered by the DHHS grants office, not the IHS, and has created burdensome administrative complications for Tribes. The problem can be solved by an amending P.L. 93-638 (section 505(b) of Title V of the ISDEAA) to allow Tribes contract or compact SDPI funds.

Title VI Self-Governance Legislation

When Congress enacted the Self-Governance legislation, it included a provision requiring the HHS to carry out a study of the feasibility of assuming responsibility for non-IHS programs. A Title VI Self-Governance feasibility study found that such a demonstration is feasible for eleven programs. The HHS Secretary should encourage the Administration and Congress to move to enact a non-IHS self-governance demonstration project. HHS should also work with Tribes to design a Self-Governance demonstration for the 11 programs identified in the feasibility study.

Tribal Government access certain FFBP when carrying out Federal functions under P.L.93-638

P.L. 93-638 authorizes the Federal government to contract with Tribes to carry out federally funded programs. If Tribes do not contract for these programs they must be carried out by employees of the Federal government. When Tribes assume these programs they incur the same administrative costs as the Federal government and should be provided the same privileges. Congress recognized this when it determined that Tribal employees carrying out Federal programs under P.L. 93-638 are deemed to be Federal employees for the purpose of Federal Tort Claims Act¹ coverage. Congress should enact legislation that would allow Tribal employees to be treated as Federal employees for the purpose of accessing

discounted benefits under the Federal Employment Compensation Act and the Federal Employees Health Benefits laws. It saves the federal government money.

Other Health Priorities

Special Appropriation for Northwest Regional Youth Treatment Program

Regional Youth Treatment Centers provide drug and alcohol treatment for adolescents of federally recognized Tribes. AI/AN youth are at higher risk and suffer the effects of alcohol and substance abuse at a higher rate than other non-Indian youth. The Klamath Tribe operates the only dual diagnosis [mental health and drug and alcohol addiction] facility for Indian youth in the United States. The program is located in a 6,500 square foot house that is over 35 years old and in considerable need of repair. It is less than adequate to house youth and for providing services. The tribe has purchased six acres of land for a future building however does not have the capital to build a new facility. NPAIHB requests Congress make a special appropriation of \$5 million to the Klamath Tribe for construction of a new facility for the Klamath Alcohol and Drug Abuse program.

Long Term Care (LTC) and Elder Issues

The IHS does not fund long-term care, which is why there are few long-term care services in Indian communities. There are only 15 known tribal nursing homes in the nation. NPAHB supports the study of the long-term care needs of AI/AN people. Tribes need more case management funding and funding to allow Tribes to provide advice on long-term care needs to their elders. Medicare and Medicaid programs could become important sources of funding for long term and home and community based care for elders with support from CMS. The IHS should receive a line-item appropriation to study long-term care programs in Tribal communities. Elder issues and Long Term Care (LTC) are a growing concern for Tribes across the country.

Veterans Health Issues

Indian Country has long recognized the growing concerns and frustrations of AI/AN veterans in obtaining health services from the IHS and Veterans Administration (VA). Often there are redundancies in treatment when veterans obtain health services at an IHS or VA facility. AI/AN veterans have advocated that the VA and IHS accept one another's diagnoses without the requirement of additional diagnoses for referrals. These conditions cause an undue burden on veterans when seeking services and are causing unnecessary costs to both the IHS and VA. This stress often serves as a barrier to seeking health care and illness goes untreated. Congress should direct the IHS and VA to identify needs and gaps in services and develop and implement strategies to provide care to AI/AN Veterans. The agencies should work to develop strategies for information sharing of patient records and data exchange so patients do not have to undergo a duplication of service for referrals.

¹ P.L. 101-512, Title III § 314, Nov. 5, 1990, 104 Stat. 1959, *as amended*; P. L. 103-138, Title III § 308, Nov. 11, 1993, 107 Stat. 1416.