



AUG 26 2010

Mr. Ralph Forquera  
Executive Director  
Seattle Indian Health Board  
606 12th Ave., South  
Seattle, WA 98117

Dear Mr. Forquera:

I am writing to update you on activities that the Indian Health Service (IHS) is undertaking to deliver the benefits of health reform made possible by **the Indian Health Care Improvement Reauthorization and Extension Act of 2009, which amended the Indian Health Care Improvement Act (IHCIA), and was included in the Affordable Care Act.** The IHCIA provides changes that advance our shared goal for improving the health status for American Indian and Alaska Native (AI/AN) people. Significant planning and coordination, consultation, and collaboration are necessary to implement many of the IHCIA provisions, especially those that provide new or expanded authorities for our health care programs. Since the Affordable Care Act was passed by Congress and signed by the President in March, we have identified milestones, timelines, and opportunities to coordinate with other agencies and partners. We have also identified initial actions which may involve consultation with Tribes and conferring with Urban Indian Organizations to fully implement the IHCIA provisions over the next months and years.

**This letter focuses on IHS' overall implementation of selected provisions to benefit patients served by Urban Indian Organizations as specified in the law.** This is the first in a series of letters to notify you of this type of information. During our initial implementation planning, we identified the **following sections as self-implementing**, which require minimal actions to fully implement. We recently included these in a letter to Tribes since the provisions also apply to them.

The sections that follow are amended by **Title I, Subtitle B, Health Services:**

**Sec. 125, Reimbursement from certain third parties of costs of health services** allows IHS, Tribal programs and Urban Indian Organizations to be reimbursed from third parties for reasonable charges billed for services provided to beneficiaries of these plans. This provision also permits Tribes and Urban Indian Organizations to recover the cost of care provided to beneficiaries injured by a third party in accordance with the Federal Medical Care Recovery Act.

**Sec. 126, Crediting of reimbursements** under various programs, including those under Titles XVIII, XIX, and XXI. This provision clarifies that reimbursements be returned to the service unit, the IHS, a Tribal program or an urban Indian organization and that there be no offsets or limit on the amount obligated to the service unit. IHS Area Offices and service units will be instructed to document compliance with this provision.

The section that follows is amended and added by **Title I, Subtitle D, Access to Health Services**:

**Sec. 157, Access to Federal Insurance**, allows a Tribe or Tribal organization carrying out a program under the Indian Self-Determination and Education Assistance Act (ISDEAA) and an Urban Indian Organization carrying out a program under Title V of the IHCA to purchase coverage for its employees from the Federal Employees Health Benefits Program. While the law creates this new authority, a mechanism needs to be developed to administer this option for Tribes and Urban Indian Organizations. IHS recognizes that Tribes and Urban Indian Organizations are very interested in this provision, and IHS understands that the Office of Personnel Management is working to implement this provision.

We have also identified specific next steps for the following **sections of Subtitle E, Health Services for Urban Indians**:

**Sec. 161, Facilities Renovation**, adds construction or expansion of facilities as an allowable option for funding. The IHS will collaborate and confer with Urban Indian Organizations on the design and conduct of a facilities assessment to determine the estimated costs of the expanded authority.

**Sec. 162, Treatment of Certain Demonstration Projects**, made the Tulsa and Oklahoma City clinic demonstration projects permanent programs within the IHS direct care program. The amended law also continues their treatment as service units and operating units for allocation of resources and coordination of care, while still requiring that the programs meet the definition and requirements of an Urban Indian Organization. They are not subject to contracting or compacting under the ISDEAA. The Oklahoma City Area IHS will communicate further with the two Program Directors and the Tribes in the Oklahoma City Area on how to formally incorporate these programs.

**Sec. 163, Requirement to Confer with Urban Indian Organizations**. Implementation activities will begin as quickly as possible on this new authority. The IHS will provide notice in the near future on the procedures and timeline to be followed for developing a policy on conferring with Urban Indian Organizations.

**Sec. 164, Expanded Program Authority for Urban Indian Organizations**, authorizes three new grant programs for Urban Indian Organizations, including behavioral health prevention and treatment, Indian youth drug abuse programs, and communicable disease prevention programs. The IHS will begin conferring with Urban Indian Organizations to identify program funding priorities, objectives, activities, and evaluation measures, and to determine funding needs.

**Sec. 165, Community Health Representatives**, provides a new program authority for Urban Indian Organizations distinct from the Tribal Community Health Representative (CHR)

Program. The IHS will confer with Urban Indian Organizations to review and analyze the current CHR training program curriculum and related costs and determine the specific CHR training needs, priorities, and costs for urban Indian health programs.

**Sec. 166, Use of Federal Government Facilities and Sources of Supply; Health Information Technology.** This is a new program authority for Urban Indian Organizations. The IHS will confer with Urban Indian Health Organizations to review and analyze current regulations, policy, or guidelines applicable to Tribes who access Government furnished property under the ISDEAA as a template for implementation of the new authority. Training will also be provided to Urban Indian Organizations on any new regulations, policies or guidelines developed to implement this new authority.

The section that follows is amended and added by **Title I, Subtitle F, Organizational Improvements:**

**Sec. 171, Establishment of the Indian Health Service as an Agency of the Public Health Service** expands the authorities of the IHS Director to: (1) facilitate advocacy for the development of appropriate Indian health policy and; (2) promote consultation on matters related to Indian health. These provisions are a significant step in acknowledging the importance of the government-to-government relationship between the U.S. and Indian Tribes and give the IHS Director broader responsibilities for advising the Secretary on matters related to Indian health, and to collaborate and coordinate with other agencies and programs of the Department. I recently discussed this provision with the Secretary and she supports my expanded role in advocating for Indian health issues and policy within the Department. This was a goal of mine when I was first appointed the IHS Director, and I have already met with several agency heads and am at the table at all meetings with agency heads where decisions are made. The Agency's partnership and conferring activities with Urban Indian Organizations ensure that I can maximize the impact of this new and expanded role of improving health for American Indians and Alaska Natives across the entire Department of Health and Human Services.

I am committed to effective and meaningful collaboration and conferring with Urban Indian Organizations to fully implement the IHCA in a timely manner. I look forward to working together on planning efforts to implement the IHCA with transparency and accountability. Implementation of Section 163 will result in a more formal process to confer with Urban Indian Organizations in the near future, but you are welcome to provide input in writing at any time during the implementation process. I will continue to update you as progress is made on implementation of the IHCA.

Sincerely,



Yvette Roubideaux, M.D., M.P.H.  
Director