



INSIDE THIS ISSUE

NIHB, Partners to Host National Indian Health Outreach and Education Annual Conference April 18-19

NIHB Executive Director Testifies at House Interior Appropriations Hearing on FY 2013 Budget

Following Oral Arguments, Fate of ACA Unclear

information on tribal enrollment in the Federal Employees Health Benefits program, individual enrollment under the expansion of Medicaid, and participation in development of state-based exchanges.

Where is it?

Mystic Lake Casino & Hotel 2400 Mystic Lake Boulevard Northwest, Prior Lake, MN 55372
Please call 952-445-9000 or 1-800-262-779 to reserve your room today! **To receive group rate of \$77 plus taxes, please reserve by April 4, 2012 and ask for the NIHOE rate.**

NIHB UPDATES

NIHB, Partners to Host National Tribal Health Reform Training April 18-19—Hotel Group Rate Deadline THIS Wednesday

National Indian Health Board (NIHB) and its National Indian Health Outreach and Education (NIHOE) partners who include National Tribal Health Reform Training partners from each of the 12 Indian Health Service (IHS) Areas, National Congress of American Indians (NCAI) and Indian Health Service (IHS), invite you to attend a two-day training at Mystic Lake Casino Hotel in Minnesota, April 18-19, 2012.

Why should you attend?

This two-day training will provide community representatives with tribal-specific health reform education opportunities, consumer-oriented materials to use in local outreach efforts, and training to help them actively manage education campaigns for four consumer groups including individual consumers, health directors, tribal governments and employers. Sessions will include

Registration is free, but required by April 13, 2012. To register, click [here](#).

To view the event summary, click [here](#).

For a draft agenda, click [here](#).

NIHB Executive Director Testifies at House Interior Appropriations Hearing on FY 2013 Budget

On March 27th, NIHB Executive Director, Stacy Bohlen, served as a witness at the House Appropriations Committee Subcommittee on Interior, Environment, and Related Agencies hearing on Native American Programs. Ms. Bohlen testified before Chairman Mike Simpson (R-ID), Ranking Member Jim Moran (D-VA), Rep. Tom Cole (R-OK), Rep. Betty McCollum (D-MN), and Rep. Cynthia Lummis (R-WY) on the President's Fiscal Year (FY) 2013 Budget Request for the Indian Health Service (IHS). The President requested a \$116 million or 3% increase to IHS, with targeted increases to Contract Health Services, Contract Support Costs, and staffing. NIHB requested that Congressional appropriators find additional, much-needed increases for IHS,



ensuring that the final amount appropriated for FY 2013 is closer to the levels requested by the National Tribal Budget Formulation Workgroup.

To read Ms. Bohlen's testimony, click [here](#).

To view testimony from other witnesses, click [here](#).

Call for Proposals Extended for NIHB Public Health Summit

The National Indian Health Board (NIHB) is holding its 3rd Annual National Tribal Public Health Summit May 30 – June 1, 2012 at the Hard Rock Casino in Tulsa, OK. The theme is, "Our Health, Our Way: Achieving Healthy Native Communities." Recently, NIHB extended its Call for Proposals deadline to April 16th.

The NIHB invites proposals for presenters addressing Tribal public health topics such as:

- Public Health Accreditation
- Promising research
- Epidemiologic practices, Findings, or Innovations in advancing AI/ANs in Public Health
- Traditional practices
- Social marketing
- Environmental Health
- Emergency Preparedness
- Building successful partnerships
- Public Health messaging
- Behavioral Health
- Health promotion and disease prevention
- Digital Storytelling
- Public Health Law
- Community Assessments

Proposals that build evidence for and strengthen the use of regulatory, legal and policy solutions to improve Tribal Public Health are strongly encouraged. Also, proposal outside of these suggestions or cross-cutting topics will be considered.

To view more information about the Summit, including the Workshop Application, click [here](#).

SUPREME COURT UPDATES

Following Oral Arguments, Fate of ACA Unclear

Last week, the Supreme Court heard six hours of oral arguments on the constitutionality of various provisions within the Patient Protection and Affordable Care Act (ACA). Now, the entire country awaits a decision from the Court, which could rule parts or all of the law unconstitutional.

On March 26th, the Court heard one hour of oral arguments on whether the Anti-Injunction Act prevents them from ruling on the constitutionality of the individual mandate before 2014. The individual mandate within the law requires that nearly every American purchase health insurance or face a financial penalty levied by the Internal Revenue Service (IRS). Some are calling this financial penalty a tax. If that is the case, then current federal law (the Anti-Injunction Act) prevents the Supreme Court from ruling on the constitutionality of a tax until it is actually levied. However, the Court did not seem to agree that the penalty for not carrying minimum coverage constituted a tax under the Anti-Injunction Act, and continued to move forward with the remainder of arguments.

On March 27th, the Court heard two hours of oral arguments on whether the individual mandate is constitutional. On this day, the Justices seemed concerned with whether or not this provision represented federal overreach, and whether upholding the provision would lead to any number of invasive government regulations. The survival of the individual mandate seems to hinge on whether limits exist on Congress' authority.

On March 28th, the justices heard arguments on what portions of the law could be upheld if the individual mandate is struck down and on the constitutionality of the expansion of Medicaid under the law. Of particular concern to NIHB and Indian Country is whether the individual mandate can be severed from the rest of the law if it is struck down. When the ACA was signed into law in March of 2010, it included the permanent



reauthorization of the Indian Health Care Improvement Act (IHCIA). In addition, the ACA contains a number of provisions that benefit American Indians and Alaska Natives. If the ACA is found to be unconstitutional, the IHCIA and Indian-specific provisions will disappear with it.

During oral arguments, Justices Ginsberg, Breyer, and Chief Justice Roberts each acknowledged the IHCIA and Indian-specific provisions in their comments. This is likely due to an Amicus Brief that NIHB and 449 Tribes and Tribal organizations filed with the Court arguing that the IHCIA and Indian-specific provisions within the ACA are separate from other provisions in the Act and should stand on their own even if the controversial individual mandate provision is held to be unconstitutional.

The Court is expected to issue a ruling on these issues in June 2012.

For more information about the Amicus Brief, including its full text, click [here](#).

HILL UPDATES

Ryan Budget Passes House on Party Line Vote

On March 29th, the House of Representatives approved Budget Committee Chairman, Rep. Paul Ryan's (R-WI) budget plan called, "The Path to Prosperity." The vote was 228-191, with 10 Republicans joining the entirety of the Democratic Caucus in voting against this plan.

The controversial plan reduces government spending by \$5.3 trillion over the next decade, eventually balancing the federal budget by 2040. It also avoids the sequestration process imposed by the *Budget Control Act*, leaving defense spending untouched. However, all of this is achieved solely through deep cuts to non-defense discretionary spending and major changes to Medicare, Medicaid, and other non-defense mandatory spending programs.

Discretionary spending caps imposed by the Budget Control Act are lowered and six House Committees are asked to find \$261 billion in savings over the next 10 years by April 27th. The House Armed Services Committee is exempt from this process. This leaves the House and Senate with different instructions for Fiscal Year (FY) 2013 appropriations, as the Senate will continue to operate under the discretionary levels set by the Budget Control Act.

According to the Center on Budget and Policy Priorities (CBPP), 62% of cuts in the Ryan Budget are to programs that service low to moderate income Americans. \$2.4 trillion of the plan's savings are derived from canceling the expansion of Medicaid by repealing the Affordable Care Act (ACA) and changing the program from an open-ended federal matching program to a fixed amount block grant to states.

It also cuts the Supplemental Nutrition Assistance Program (SNAP), also known as Food Stamps, by \$134 billion. CBPP estimates that between 8 and 10 million people would lose this benefit under the Ryan Budget. Overall, this plan would spend 16% less than the Obama Administration plans to spend on safety-net programs for the poor, including housing assistance and the earned income tax credit.

As for Medicare, the Ryan Plan increases eligibility from age 65 to age 67. With repeal of ACA, this leaves 65 and 66 year olds without access to affordable health insurance, as premiums for this demographic would likely continue to be very high. And similar to last year's "Path to Prosperity," this year's plan would replace Medicare with a premium support check to seniors with which they could purchase private insurance or a Medicare plan. Instead of tying increases in this premium support model to medical inflation, it depends on per capita GDP plus .05%. This calculation will not allow the payment to reflect the true costs of health care. Finally, providers would not be paid directly under the Ryan plan, thus IHS and Tribal providers might lose valuable third-party Medicare collections.



As the Ryan Plan cuts health care and the safety net, it favors others programs and demographics. It increases defense spending over the next decade. It also lowers taxes, including taking the top marginal tax rate for the wealthiest Americans from 35% to 25%. It does the same for the corporate tax rate and does away with a tax on foreign profits for U.S. companies. At the same time, the Plan does not end costly Bush-era tax cuts. According to the Urban-Brookings Tax Policy Center, the tax reform in the Ryan Budget, along with the Bush Tax Cuts will cost \$10 trillion over the next ten years.

For more information on the, “Path to Prosperity,” please visit the following pages:

[The House Committee on the Budget](#)

[CBPP Paper on Ryan Cuts to Low Income Programs](#)

[Congressional Budget Office Report on Ryan Budget](#)

ADMINISTRATION UPDATES

Walter Reed Army Medical Center Transfers \$1.2M Excess Medical Equipment to IHS

In March 2012, the Indian Health Service (IHS) Project TransAm acquired over 400 “like-new” medical equipment items from the now-closed Walter Reed Army Medical Center in Washington, D.C. Since July 2009, Project TransAm has been monitoring the hospital’s closure and involved in intensive communications with Army property management program personnel to secure these highly desirable items.

The Project TransAm team was led by LCDR Allen Bollinger (Nashville Area, Office of Environmental Health and Engineering), who expertly arranged and negotiated the quick ownership transfer and transportation of the medical equipment “cache.” When the equipment arrives at the Tennessee-based warehouse, property specialists and biomedical engineers will

inventory and provide condition assessments. After the assessments are completed, programs can select from the advertised listing (see below). The equipment is valued at over \$1.2M (in acquisition value), and over half of the equipment was purchased within the past year.

Remarkably, the IHS received the third largest amount of equipment (next to Tripler and Fort Lewis) due to Project TransAm officials’ quick actions, giving IHS the distinction of being the only non-DoD entity to receive medical equipment transfers.

Medical Equipment acquired through Project TransAm is available for tribally-contracted and IHS health programs to select from. Specific inquiries should be directed to [LCDR Bollinger](#) or [Mr. Geoff Elliott](#).

HHS Secretary Announces Veterans’ Priority in Health Professions Training Grants

Two grant programs totaling more than \$24 million will help veterans enter the health professions workforce and increase the nation’s supply of advanced practice nurses and physician assistants, HHS Secretary Kathleen Sebelius announced recently. These steps are part of the Administration’s effort to help veterans find jobs here at home after they have fought for our country overseas. Last fall, the Administration announced that it would expand opportunities for veterans to enter health professions by giving funding priority to programs that help train veterans for careers as physician assistants and nursing schools that help veterans pursue nursing careers.

These multi-year grants, administered by the Health Resources and Services Administration (HRSA), are part of the administration’s initiative to increase the supply of primary care practitioners in the United States.

The first funding opportunity—the Advanced Education Nursing Traineeship Program—is designed to alleviate the training costs for students in nurse practitioner and nurse-midwifery programs. Eligible applicants include



schools of nursing, nursing centers, academic health centers, states or local governments. Priority will be given to applicants that demonstrate a veteran-friendly learning environment, recruit and support veterans interested in pursuing careers in advanced practice nursing, and facilitate academic credit for enlisted health care experience and training. HRSA will award more than \$22 million to fund the program in its initial year.

The second funding opportunity—the Physician Assistant Training in Primary Care Program—will support academic institutions that plan, develop, and operate programs to train primary care physician assistants. Priority will also be given to schools with strong veteran commitment, including veteran recruitment and retention initiatives and academic recognition of hands-on experiences gained during military service. Approximately \$2.5 million is expected to be awarded to fund the program in its initial year.

For information on applying for these grants, visit www.grants.gov. The grants are expected to be awarded this summer.

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

Sign Up for Washington Report, at:
http://www.nihb.org/legislative/washington_report.php

For More Information Contact:
 Jennifer Cooper, JD, Legislative Director
jcooper@nihb.org or
 Liz Malerba, Legislative
 Assistant lmalerba@nihb.org

UPCOMING EVENTS

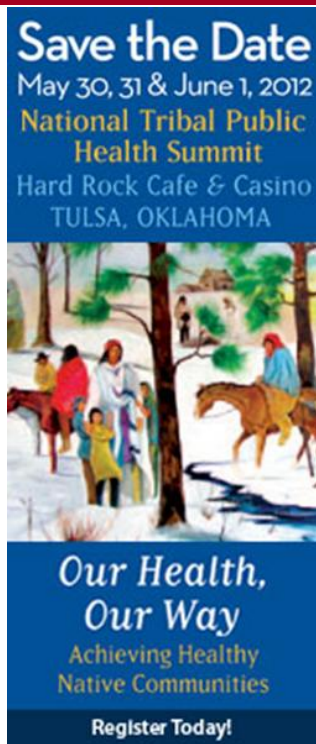
The House and Senate are out-of-session until April 16th.

DEPARTMENT OF VETERAN'S AFFAIRS (VA) TRIBAL CONSULTATION

DATE: APRIL 5

TIME: 9:00 AM

LOCATION: L'ENFANT PLAZA HOTEL
480 L'ENFANT PLAZA, SW.
WASHINGTON, DC 20024



Job Opportunities at NIHB!

The NIHB is currently seeking qualified applicants for the following positions:

- **Regional Extension Center Coordinator**
- **Health Policy Coordinator**
- **Regional Extension Center Director**

For more information, including a job application, click [here](#).

