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### Upcoming Events

#### HHS Secretary's Tribal Advisory Committee (STAC) Meeting

Dates: January 16-17, 2013

Location: Washington, D.C.

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#### Fifty-Seventh Presidential Inauguration

Date: January 21, 2013

Location: U.S. Capitol, Washington, D.C.

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#### NCAI Tribal Nations Strategy Meeting

Date: January 22, 2013

Location: Rasmussen Theater, National Museum of the American Indian, Washington, D.C.

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#### Tribal Self-Governance Advisory Committee (TSGAC) Meeting

Dates: January 23-24, 2013

Location: Embassy Suites Hotel, 900 10th Street, N.W., Washington, D.C.

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### NIHB UPDATES

#### NIHB Celebrates SDPI Reauthorization

As the 112th Congress wrapped up on January 2, the U.S. House of Representatives and the Senate voted on and approved H.R. 8 - *The American Taxpayer Relief Act of 2012* - a bipartisan bill that included a one-year renewal of the Special Diabetes Program for Indians (SDPI) at the current funding level of \$150 million. The renewal of the SDPI is a significant accomplishment in the challenging political and budgetary environment in Congress. President Obama has signed the measure into law.

This victory is due to the tremendous amount of work and dedication by Indian Country on spending countless hours connecting with Congress. The renewal of SDPI was a top 2012 legislative priority of the National Indian Health Board (NIHB). With this extension, SDPI programs across Indian Country can continue through September 2014 to make a real difference in the lives of people who fight diabetes on a daily basis. Please continue to visit the SDPI Resource Center at [www.nihb.org/sdpi](http://www.nihb.org/sdpi) for updates on SDPI developments and on how you can thank your Members of Congress for their support of SDPI renewal. Thank you for your continued efforts in our shared goal of eliminating diabetes.

#### NIHB Helping Indian Country Prepare for ACA Implementation

NIHB's tribal health care reform outreach and education initiative is gearing up this year to help American Indians and Alaska Natives to better understand the Affordable Care Act (ACA) and what it means exactly for their family and communities. NIHB will travel to three IHS areas and conduct regional and local ACA trainings on all stages of health care implementation, and will share health care reform materials and tools. NIHB welcomes the opportunity to begin the dialog of ACA and the Indian Health Care Improvement Act (IHCIA) issues specific to AI/ANs and how to best provide information to tribes on health care reform benefits and opportunities.

Are you interested in learning more about this outreach and education initiative? Do you have an idea of what training materials or tools your community needs now? Contact us and share your suggestions - We want to hear from you! To find out more or share your ideas, please contact Tyra Wittenborn at [Tbaer@nihb.org](mailto:Tbaer@nihb.org) or visit [www.tribalhealthcare.org](http://www.tribalhealthcare.org).

#### NIHB Attends AHIP 2012 Fall Forum Exchange Conference

In early December, the National Indian Health Board (NIHB) traveled to Chicago, IL to attend the America's Health Insurance Plans (AHIP) 2012 Fall Forum Exchange conference. AHIP is the national trade association representing the health insurance industry. AHIP advocates for public policies that expand access to affordable health care coverage to all Americans through a competitive marketplace that promote choice, quality and innovation.

The two-day agenda had an impressive lineup of speakers from across the country.

The welcoming and opening session opened up with guest speaker, Gary M. Cohen, Deputy Administrator and Director of the Center for Consumer Information and Insurance Oversight (CCIIO/CMS/HHS). Mr. Cohen started his presentation with the message, "10 months to go until the market-place opens for those who previously have been locked out of insurance." He followed with regulation and Federal Exchange updates and then stated, "Do not look at provisions in isolation, because there are many CMS provisions to be implemented." The goal is to make insurance affordable for all Americans and he assured that states will be up and running their Exchanges in 2014.

AIHP Fall Forum guest speakers delivered very informative presentations and below are few examples of those sessions:

- Overview of state-by-state political and policy landscape to help frame your thoughts and perspectives on Exchange implementation;
- Examining internal systems, processes and infrastructure to prepare for the launch of Exchanges;
- Connecting with private and public exchanges: real world examples;
- Plan design: Essential Health Benefits, Actuarial Value and Risk Management.

The AIHP Fall Forum was a fantastic opportunity for NIHB to network with many from around the country and to begin the discussion with those who are currently working on business development strategies to implement Exchanges in their states.

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## ADMINISTRATION UPDATES

### Indian Health Service Director Adopts TLDC Strategic Plan

The Director of the Indian Health Service (IHS), Dr. Yvette Roubideaux, adopted the Tribal Leaders Diabetes Committee (TLDC) Strategic Plan at the TLDC quarterly meeting held on December 12. This represents an important milestone in reaffirming the TLDC's value to the IHS Director as well as in setting in motion a restructuring of the Committee to address identified priorities.

TLDC priorities identified in the Strategic Plan include: ensuring the long-term viability of the Special Diabetes Program for Indians (SDPI) and planning for future growth; educating the public about the impact of diabetes and changing the national conversation to include information on the impact of diabetes in Indian Country; facilitating effective consultation with the IHS Director and Tribal communities; and ensuring that the TLDC will have the capacity to fulfill its mission.

The TLDC was established in 1998 with the creation of the Special Diabetes Program for Indians (SDPI) to serve as a resource to the IHS Director on SDPI funding allocations and program priorities. Today, the TLDC continues to provide leadership, guidance, and recommendations to the IHS and other government agencies on issues related to diabetes and related chronic health conditions among AI/ANs. The National Indian Health Board (NIHB) provides staff and technical support to the TLDC. For additional information on the TLDC, please visit the TLDC website at <http://www.ihs.gov/medicalprograms/diabetes/index.cfm?module=peopleTLDC>.

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### More Health Care Reform Changes in the New Year

January 1st began with the implementation of some new changes brought on by federal health care reform. Health care reform is based on the principle of "patient-centered medical home" model which focuses on quality health care by improving all aspects of patient care, promoting healthier lifestyles choices and lowering costs by encouraging preventative medicine, improving coordination of health care services, and by reducing waste and inefficiencies. Here is a snap shot of five health care reform changes that began on January 1, 2013:

- Increased physician pay and expansion of preventive care under Medicaid
- Extension of Children's Health Insurance Program (CHIP) with funding to states through October 1, 2015
- Bundled payments in Medicare billing, this national pilot program will encourage hospitals, doctors, and other providers to work together to provide one bill for all health services for a patient
- Federal certification of new State insurance exchanges is ongoing. 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. Click here to learn more about Exchange conditional approvals.

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### Update on HHS Deadline to Establish a State Exchange

The deadline for states to submit their letters to the Department of Health and Human Services (HHS) indicating their intent to establish a state exchange was December 14, 2012. In total, 20 states so far have been granted conditional approval to build either full or partial state exchanges. The deadline for exchanges to be complete is October 1, 2013.

The following states were conditionally approved by HHS Secretary Sebelius for building a state base exchange:

- California, Hawaii, Idaho, Nevada, New Mexico, Vermont, and Utah, Colorado, Connecticut, D.C., Kentucky, Massachusetts, Maryland, Minnesota, New York, Oregon, Rhode Island, Washington

The following states were conditionally approved for building a partnership exchange:

- Arkansas and Delaware

The following states have until February 15, 2013 to apply for a state partnership exchange or they will default to the federally facilitated exchanges:

- Florida, New Jersey, Pennsylvania, Tennessee, Virginia

Tribal consultation policy is a factor of state exchange approval, but is not the deciding factor that will terminate the application if a state does not have one. Acceptance of the exchange proposal depends on the circumstances on various components. If a state has everything right in its proposal, except for tribal consultation, then the state could still get conditional approval. States blueprints are located on **Center for Consumer Information and Insurance Oversight (CCIO) website at [ccio.cms.gov](http://ccio.cms.gov)**.

### NIHB Regulations Review

The National Indian Health Board (NIHB), with the assistance of the Medicare, Medicaid, Health Reform and Policy Committee Regulation Workgroup, continues to respond to proposed regulations or rules. In December, NIHB submitted the following comments:

- December 18th-CMS Consultation Addendum
- December 26th-CMS Health Insurance Market Rules
- December 31st- HHS Benefit and Payment Parameters for 2014
- January 4th- HRSA request on Methodology for Designation of Frontier and Remote Areas and OPM Request on Multi State plan

The Tribal Technical Advisory Group (TTAG) to CMS, Area Indian Health Boards and Tribes have also submitted comments too.

NIHB provides a new Roster of Pending Regulations along with the Regulation Review and Impact Analysis Report (RRIAR), which identifies and summarizes key regulations issued by the Centers for Medicare and Medicaid Services (CMS) pertaining to Medicare, Medicaid, CHIP, and health reform that affect American Indians and Alaska Natives (AI/AN), Indian Health Service, Indian Tribe and tribal organization, and urban Indian organization providers. These documents provide a quick at-a-glance look at upcoming pending regulations, and tracks comments that NIHB and TTAG have submitted. For more information on these tools and the comments submitted, please visit **NIHB's Tribal Resource Reform Website: [http://www.nihb.org/tribalhealthreform/mmpc\\_rriar.php](http://www.nihb.org/tribalhealthreform/mmpc_rriar.php)**

## HILL UPDATES

### Lawmakers Face Complicated Fiscal Decisions in 113th Congress

In the coming months, the 113th Congress and the Obama Administration will face the major fiscal issues that the 112th Congress did not resolve, including addressing the debt ceiling in February, alternatives to sequestration (now scheduled to begin March 1), and finalization of the Fiscal Year (FY) 2013 appropriations before the expiration of the continuing resolution (CR) on March 27. The release of the President's Budget Request for FY 2014, statutorily required by the first Monday in February each year, could likely be delayed. The resolution of these issues and likely delay in the release of the President's Budget Request will have a significant impact on the entire federal budget and lead to changes in the budgetary landscape of the Indian health and human services and programs.

One of the top items that the 113th Congress will address is the sequestration. With passage of **The American Taxpayer Relief Act of 2012**, the scheduled across-the-board cuts that would have gone into effect on January 1 but now will automatically go into effect on March 1 unless Congress can find another legislative solution to reduce \$1.2 trillion from the country's deficit during the next ten years. A number of programs are either exempt or subject to special rules under sequestration. Many safety-net programs, such as Social Security, Medicaid, Temporary Assistance for Needy Families program and the Children's Health Insurance Program are exempt from these funding reductions. Medicare would be limited to a 2% provider reduction while the Indian Health Service is subject to an 8.2% across-the-board cut. Last year, the Office of Management and Budget (OMB) estimated that the automatic cut to the IHS budget of \$356 million in FY 2013. NIHB will continue to monitor the Congressional fiscal implications on Indian health programs and will provide updates as they develop.

### Indian Country Mourns the Passing of Senator Daniel Inouye

Senator Daniel Inouye (D-HI), a World War II hero, former Chairman of the Senate Committee on Indian Affairs and the second-longest serving Senator in American history, died on Monday, December 18, from respiratory complications at the age of 88. His last word was "Aloha."

Sen. Inouye, who was recently re-named the Chairman of the Senate Appropriations Committee, joined the Senate in 1963. He first served as Chair of the Senate Select Committee on Indian Affairs from 1987 to 1993 and as Chair when it was redesigned as the Senate Committee on Indian Affairs from 1993 to 1995. Sen. Inouye served a second term as Chair from 2001 until 2003 and also served as Vice-Chair from 2003 to 2004. During Sen. Inouye's leadership, significant pieces of Indian legislation became law. They included the Indian Gaming Regulatory Act of 1987, the Native American Graves Protection and Repatriation Act of 1990, the Tribal Self-Governance Act of

1994, the American Indian Trust Fund Management Reform Act of 1994, the Native American Breast and Cervical Cancer Treatment Act of 2001, the Indian Financing Act of 2002 and the Native American Housing Assistance and Self-Determination Reauthorization Act of 2002. Sen. Inouye also helped pass numerous bills that benefited individual Tribes.

Sen. Inouye became the President Pro Tempore of the Senate in 2010. The position is third in line to the Presidency, after the Vice President and the Speaker of the House. Sen. Inouye was the highest-ranking Asian-American politician in U.S. history. With the passing of Sen. Inouye, Sen. Patrick Leahy (D-VT) was named the new President Pro Tempore by unanimous consent on Monday, December 18. Senator Leahy will also serve as the new Chair of the Senate Appropriations Committee.

### 113th Congress Sworn In and Presidential Inauguration Update

The 113th Congress convened at noon on January 3rd in Washington D.C. and was officially sworn-in. Vice President Joe Biden swore in the 12 newly-elected Senators. Democrats will still control the Senate by a margin of 55-45. In the House of Representatives, Speaker John Boehner (R-OH) swore in eighty-two freshmen lawmakers. The Republicans will still have a majority in the House, 233 to 200 (with two vacancies).

The 57th Presidential Inauguration will be held in Washington, D.C. on Monday, January 21. A week of festivities will include the Presidential Swearing-in Ceremony, Inaugural Address, Inaugural Parade, and numerous inaugural balls and galas honoring the President Obama. On Sunday, January 20, President Obama will participate in a private swearing-in ceremony at the White House. The private ceremony will be administered by Supreme Court Chief Justice John Roberts. For additional information on the 57th Presidential inauguration, please visit <http://www.inaugural.senate.gov/> for more details.

National Indian  
Health Board



926 Pennsylvania Avenue, SE  
Washington, DC 20003  
Main Phone: 202-507-4070  
Fax: 202-507-4071  
[www.nihb.org](http://www.nihb.org)

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