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House Appropriations Sets Spending Limits for FY 2013

On April 25th, by a mostly party-line vote of 28-21, the House Appropriations Committee passed spending limits for each of the twelve appropriations subcommittees for Fiscal Year (FY) 2013. Known as 302(b) allocations, these spending limits are reflective of the budget resolution, also known as the Ryan Budget, that the chamber passed last month. The budget resolution provides for a total discretionary spending limit of \$1.028 trillion, which is \$19 billion less than the level agreed to in the *Budget Control Act* (BCA) and \$15 billion less than FY 2012 enacted appropriations. The House 302(b) allocation for the Subcommittee on Interior, Environment, and Related Agencies, the Subcommittee responsible for funding the Indian Health Service (IHS), is \$28 billion. Conversely, the Senate has set its total budget for FY 2013 at the BCA-reflective level of \$1.047 trillion, with the Interior Subcommittee's 302(b) allocation at \$29.7 billion.

Because of these disparate funding levels, the House and Senate will be passing very different appropriations bills, which will place more pressure on the budget reconciliation process. Stay tuned for updates from NIHB.

House Passes Student Loan Bill Using Money from ACA Fund

On April 27th, the House passed H.R. 4628, the *Interest Rate Reduction Act*, a bill to ensure that interest rates on federally subsidized Stafford student loans do not double over the next year. However, this is accomplished by taking \$12 billion from the Affordable Care Act's (ACA) Prevention and Public Health Fund. Since enactment of the ACA, the fund has been used to increase the health professions workforce, and to fund community-level health interventions like tobacco cessation, exercise programs, and increasing access to healthy foods.

The bill now goes to the Senate, where it is unlikely to see floor action. President Obama has threatened to veto the bill if it does move to his desk.

NIHB UPDATES

268 Representatives and 70 Senators Sign on to Support Letters for SDPI

With the help of National Indian Health Board (NIHB), American Diabetes Association, and Juvenile Diabetes Research Foundation, the co-chairs of the Diabetes Caucus in each chamber of Congress have finished circulating support letters for the Special Diabetes Program for Indians (SDPI) and the Special Diabetes Program.



In the House, the co-chairs of the House Diabetes Caucus, Reps. Diana DeGette (D-CO) and Ed Whitfield (R-KY) are sending a letter to leadership with the signatures of 268 representatives.

In the Senate, the co-chairs of the Senate Diabetes Caucus, Sens. Susan Collins (R-ME) and Jean Shaheen (D-NH), are sending a letter to leadership with the signatures of 70 senators.

The letters express support for the past successes of SDPI and the need for it to continue to make positive change in Indian Country. Established in 1997 for the prevention and treatment of diabetes in American Indian and Alaska Natives (AI/ANs), SDPI is expiring at the end of Fiscal Year (FY) 2013. As Congress begins to consider reauthorizing this life-saving program, the broad-based support from Representatives and Senators on these letters is crucial.

On March 7th, NIHB hosted a Tribal briefing and Caucus in order to prepare Tribal Leaders to advocate for the continuation of SDPI. For more information on this meeting and SDPI reauthorization, please contact Liz Malerba, Legislative Assistant, at Lmalerba@nihb.org.

NIHB to Host Public Health Summit May 30 – June 1

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.” This event attracts Tribal decision-makers from across the country on issues such as health promotion/disease prevention, behavioral health, environmental health, public health preparedness and emergency response, and Tribal-State relations.

The Summit is convened to provide a national forum for Tribal leaders, Legislators, decisions makers, Tribal Health Directors, medical practitioners, mental health professionals, advocates, epidemiologist and researchers alike to

discuss current trends, opportunities, evidence-based practice, policy and needs within the Tribal health system. The National Tribal Public Health Summit provides an unprecedented opportunity to build relationships between Tribal health organizations, national organizations, private foundations, and federal agencies that support public health program access and implementation across Indian country.

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

ADMINISTRATION UPDATES

Staffing Changes at the White House

In a recent blog post, White House Senior Policy Advisory for Native American Affairs, Kim Teehee, announced that she was resigning her post to pursue new endeavors. Ms. Teehee will be replaced by Jodi Gillette, former Deputy Assistant Secretary to the Assistant Secretary-Indian Affairs for Policy and Economic Development in the U.S. Department of the Interior.

To read the blog post, click [here](#).

To read the White House Announcement on Ms. Gillette’s new position, click [here](#).

HHS Announces New Affordable Care Act Options for Community-Based Care

New opportunities in Medicaid and Medicare that will allow people to more easily receive care and services in their communities rather than being admitted to a hospital or nursing home were announced recently by Health and Human Services Secretary Kathleen Sebelius.

HHS finalized the Community First Choice rule, which is a new state plan option under Medicaid, and announced the participants in the Independence At Home Demonstration program. The demonstration encourages primary care practices to provide home-based care to chronically ill Medicare patients.



Both are made possible by the Affordable Care Act. Studies have shown that home- and community-based care can lead to better health outcomes.

The final rule released today on the Community First Choice Option provides states choosing to participate in this option a six percentage point increase in federal Medicaid matching funds for providing community-based attendant services and supports to beneficiaries who would otherwise be confined to a nursing home or other institution.

Also recently, the first 16 organizations that will participate in the new Independence at Home Demonstration were announced. They will test whether delivering primary care services in the home can improve the quality of care and reduce costs for patients living with chronic illnesses. These 16 organizations were selected from a competitive pool of more than 130 applications representing hundreds of health care providers interested in delivering this new model of care.

The Independence at Home demonstration, which is voluntary for Medicare beneficiaries, provides chronically ill Medicare beneficiaries with a complete range of in-home primary care services. Under the demonstration, the Centers for Medicare & Medicaid Services (CMS) will partner with primary care practices led by physicians or nurse practitioners to evaluate the extent to which delivering primary care services in a home setting is effective in improving care for Medicare beneficiaries with multiple chronic conditions and reducing costs. Up to 10,000 Medicare patients with chronic conditions will be able to get most of the care they need at home. The demonstration is scheduled to begin on June 1, 2012, and conclude May 31, 2015. HHS is also seeking comment on a proposed rule that describes a separate Home and Community-Based Services state plan option, which was originally authorized in 2005 then enhanced by the Affordable Care Act. Like the Community First Choice Option, this benefit will make it easier for states to provide Medicaid coverage for home and community-based services.

Earlier this month, Secretary Sebelius announced the creation of the new Administration for Community Living, bringing together key HHS organizations and offices dedicated to improving the lives of Americans with functional needs into one coordinated and stronger entity. This new agency will work on increasing access to community supports and achieving full community participation for seniors and people with disabilities.

For more information on the Administration for Community Living visit:

<http://www.hhs.gov/acl/>.

For more information on the Community First Choice Option visit:

http://www.cms.gov/apps/media/fact_sheets.aspx.

For more information on the Independence at Home demonstration and the organizations selected to participate visit:

<http://innovation.cms.gov/initiatives/independence-at-home>.

The rules may be viewed at

www.ofr.gov/inspection.aspx.

UPCOMING EVENTS

THE HOUSE AND SENATE ARE OUT-OF-SESSION AND WILL RETURN ON MAY 7TH

Job Opportunities at NIHBI!

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

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

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



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

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