

National Indian  
Health Board



# NATIONAL INDIAN HEALTH BOARD UPDATE TO CRIHB/NPAIHB JOINT BOARD MEETING

JULY 17, 2019

Stacy A. Bohlen, Chief Executive Officer  
National Indian Health Board

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Thank you  
for your  
support,  
CRIHB!

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Culture Night  
Presented by  
California Rural Indian Health Board  
Tuesday, September 17<sup>th</sup>, 2019  
Pechanga Resort and Casino



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## Annual Heroes in Health Awards Gala September 18<sup>th</sup>, 2019, 6 PM – 9 PM Event Lawn, Pechanga Resort and Casino

*Come join the National Indian Health Board for an event honoring national and regional champions in Indian Health.*

*NIHB received over 85 nominations for 44 awards. Winners will be notified by the end of this week!*



Master of Ceremonies,  
Reno Franklin  
Former Chairman, NIHB  
Stewards Point  
Rancheria

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## Be a Conference Partner! Here's Why...

- Advance appropriations for the Indian Health Service;
- Keeping the Special Diabetes Program for Indians funded – which expires in September;
- Protecting Native Veteran's health care;
- Winning tribal funding carve outs; like; Tribal opioid response funding/direct Tribal HIV funding;
- Protecting the Indian Health Care Improvement Act from legal threats;
- Winning considerable increases for the Good Health and Wellness Program in Indian Country – even though the President's budget zeroed the program out every year;
- Conducting the Annual, Year-Long Native Youth Health Policy Fellowship: NIHB builds future leaders.



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## NIHB is Hiring!

- Director of Congressional Relations
- Congressional Relations Associate
  - Focus on Communications & Oral Health
- Public Health Project Coordinator
- Public Health Project Associate
- Event and Meeting Manager

Email [jobs@nihb.org](mailto:jobs@nihb.org)!



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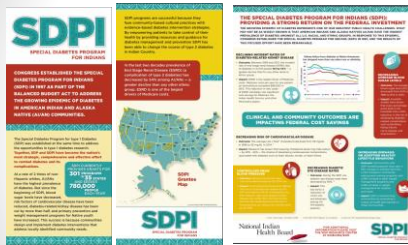
## Legislative Overview

1. Special Diabetes Program from Indians
2. Appropriations for Tribal Health
3. Indian Health Service Advance Appropriations
4. Medicaid Legislative Priorities
5. Public Health Legislation
6. Native Veterans' Care
7. Harm Reduction
8. Community Health Representatives/Community Health Aide Program

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## Special Diabetes Program for Indians



More resources  
Available at  
[www.nihb.org/sdpi](http://www.nihb.org/sdpi)

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### §254c-3. Special diabetes programs for Indians

#### (a) In general

The Secretary shall make grants for providing services for the prevention and treatment of diabetes in accordance with subsection (b).

#### (b) Services through Indian health facilities

For purposes of subsection (a), services under such subsection are provided in accordance with this subsection if the services are provided through any of the following entities:

- (1) The Indian Health Service;
- (2) An Indian health program operated by an Indian tribe or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination Act [25 U.S.C. 5321 et seq.];
- (3) An urban Indian health program operated by an urban Indian organization pursuant to a grant or contract with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.].

#### (c) Funding

##### (1) Transferred funds

Notwithstanding section 139755(a) of this title, from the amounts appropriated in such section for each of fiscal years 1998 through 2002, \$30,000,000, to remain available until expended, is hereby transferred and made available in such fiscal year for grants under this section.

##### (2) Appropriations

For the purpose of making grants under this section, there is appropriated, out of any money in the Treasury not otherwise appropriated—

- (A) \$70,000,000 for each of fiscal years 2001 and 2002 (which shall be combined with amounts transferred under paragraph (1) for each such fiscal year);
- (B) \$100,000,000 for fiscal year 2003;
- (C) \$150,000,000 for each of fiscal years 2004 through 2017; and
- (D) \$150,000,000 for each of fiscal years 2018 and 2019, to remain available until expended.

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## Special Diabetes Program for Indians (SDPI)

- SDPI expires on September 30, 2019
- Senate Health Education Labor and Pensions (HELP) Committee leaders introduced a 5 year renewal for SDPI at the current \$150 million/ year
  - Voted out of Committee on June 26
  - Included in Lower Health Care Costs Act of 2019
  - Awaiting Senate Floor Vote
  - Schedule uncertain



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## Special Diabetes Program for Indians (SDPI)

- Rep. O'Halleran (D-AZ) introduced House bill
  - H.R. 2680: \$200 million/year for 5 years!
  - Huge win for Indian Country!
  - BUT, on July 10 the House Energy and Commerce Health Subcommittee amended bill to \$150 million for 4 years
  - NIHB working to secure funding increase
  - Full Committee markup expected today (7/17) or tomorrow (7/18)
  - Bill extends other public health programs, like Community Health Centers, so Committee needs to find a way to pay for all the expenditures
  - Very limited availability for extra funds for an increase to SDPI
- Working with partners at American Diabetes Association, Juvenile Diabetes Research Foundation and the Endocrine Society to ensure renewal



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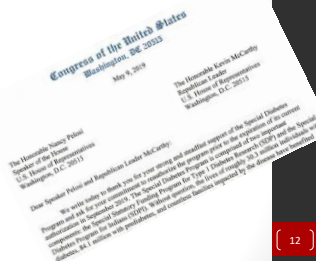
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## SDPI Congressional Letters

- NIHB helped draft and circulate letters from House and Senate Diabetes Caucuses
  - Letters showed support for SDP and SDPI
  - Members could choose to sign on
- 379 House members (85%) signed the letter!!
- 68 Senators!!



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## What's Next for SDPI?

- House of Representatives:
  - Week of July 15
    - Working on Amendments
    - Energy and Commerce Full Committee Mark Up
  - Week of July 22
    - Floor Vote Expected
- Senate:
  - Date of Vote on Senate Floor not yet set
  - Opportunity to amend legislation
- Conference Committee
  - Opportunity to amend legislation
- Signed into Law by the President

Majority Leader Steny H. Hoyer  
U.S. House Vote Schedule  
JULY 2019

Day	Topic	Time	Location
1	House of Representatives	10:00 AM	Rayburn House Office Building
2	House of Representatives	10:00 AM	Rayburn House Office Building
3	House of Representatives	10:00 AM	Rayburn House Office Building
4	House of Representatives	10:00 AM	Rayburn House Office Building
5	House of Representatives	10:00 AM	Rayburn House Office Building
6	House of Representatives	10:00 AM	Rayburn House Office Building
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17	House of Representatives	10:00 AM	Rayburn House Office Building
18	House of Representatives	10:00 AM	Rayburn House Office Building
19	House of Representatives	10:00 AM	Rayburn House Office Building
20	House of Representatives	10:00 AM	Rayburn House Office Building
21	House of Representatives	10:00 AM	Rayburn House Office Building
22	House of Representatives	10:00 AM	Rayburn House Office Building
23	House of Representatives	10:00 AM	Rayburn House Office Building
24	House of Representatives	10:00 AM	Rayburn House Office Building
25	House of Representatives	10:00 AM	Rayburn House Office Building
26	House of Representatives	10:00 AM	Rayburn House Office Building
27	House of Representatives	10:00 AM	Rayburn House Office Building
28	House of Representatives	10:00 AM	Rayburn House Office Building
29	House of Representatives	10:00 AM	Rayburn House Office Building
30	House of Representatives	10:00 AM	Rayburn House Office Building
31	House of Representatives	10:00 AM	Rayburn House Office Building

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## NIHB National Tribal Diabetes Summit Thursday, September 19<sup>th</sup>, 2019

- Will be immediately following the close of the National Tribal Health Conference at Pechanga Resort and Casino
- To discuss making the Tribal Diabetes Program for Indians subject to self-governance contracts and compacts under the Indian Self-Determination and Assistance Act
- Other Hot Topics in Diabetes in Indian Country



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## The Budget Deal Explained...or lack thereof

- Congress must pass a budget deal or sequestration takes effect
- Budget deal sets the total amount of discretionary funding Congress will spend for the upcoming fiscal year
- Then, Appropriations Subcommittees fight over their share of the funding
- Once each Appropriations Subcommittees have their allocation of funding, they craft draft appropriations bills
- The House drafted and passed their Appropriations bills even without a budget deal
- Senate is waiting for budget deal to pass
- Unclear if/when budget deal will happen



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## Indian Health Service (IHS) Appropriations

- House Bill
  - \$6.3 Billion for IHS
    - \$537 million above 2019 enacted level
    - Tribes recommended \$7.1 billion
    - \$25 million for HIV/AIDS and Hep C
    - \$20 million for CHAP expansion
    - \$25 million for EHR modernization
    - No cuts to CHRs, Health Ed, or Facilities
  - House Approved Bill on June 25
- NIHB Submitted Testimony to Senate Interior Appropriations in May
  - Andy Joseph Testified to Senate Committee on Indian Affairs



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## Labor HHS Appropriations



- House Appropriations bill released in April
  - Total funding for HHS: \$189.8 billion for FY 2020
  - Funds \$50 million Tribal set aside in **opioid response grants** authorized in 2018.
  - Maintains \$15 million set aside for placement of **National Health Service Corps** within IHS/Tribal/Urban Indian Health facilities.
  - Includes \$14 million for the **Zero Suicide program**, an increase of \$5 million over last year.
  - Maintains **Good Health and Wellness** at \$21 million, and **Tribal Behavioral Health Grants** at \$40 million
- House approved bill on June 19
- Senate Labor HHS Bill expected once budget deal is reached
  - NIHB Submitted Testimony in June

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## IHS Advance Appropriations

- What is Advance Appropriations?
  - Funding that becomes available one year or more after the year of the appropriations act in which it is contained.
  - The appropriations law is passed, but funds cannot be used until the FY year for which they are allocated



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## IHS Advance Appropriations

- What advance appropriations IS NOT:
  - “forward funding” allows funds to become available beginning late in the budget year and is carried into next year. Forward funding is counted against the same budget year. i.e. - it has a cost score!
- “Mandatory appropriations” is automatic when Congress passes an authorization law. Medicare and Medicaid (entitlement programs) are funded through mandatory spending.



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## IHS Advance Appropriations

- How to we get Advance Appropriations?
  - Budget Resolution – exemptions list
  - House Rules – Budget Committee Chairman must comply
- Enacting law – S. 229/ H.R. 1128/ H.R. 1135
- In the first year, there must be a double appropriation – one for FY 2020 and on for FY 2021



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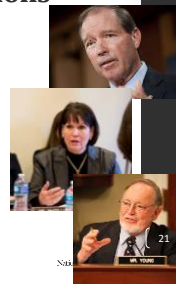
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## IHS Advance Appropriations

- Three bills on Advance Appropriations
  - S. 229 / H.R. 1128 – Indian Programs Advance Appropriations Act
    - Sponsors: Sen. Udall (D-NM)/ Rep. McCollum (D-MN)
    - IHS, Contract Support Costs, Bureau of Indian Affairs
  - H.R. 1135 – IHS Advance Appropriations Act
    - Rep. Don Young (R-AK)
    - All of IHS, not BIA
    - Senate bill coming soon



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## IHS Advance Appropriations

### Activities:

- Letter to Appropriations Committee on Hearing
- Meeting with Chairman of the Budget Committee and Reps. Kennedy and Kildee
- Meeting with Senate Budget Committee Democratic Staff
- Sign on Letter to House Budget Committee
  - 60 Signatures



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### Actions needed!

- Legislation Co-sponsorship!
- IMPACT STORIES!!
- Every time you meet with your Representatives, talk about Advance Appropriations!

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## Medicaid Legislative Initiative

- Medicaid is 68% of IHS's Third Party Revenue!
- Medicaid must be as strong as possible to fund the Indian Health system
- Wanted to have Centers for Medicare and Medicaid Services decision on Washington State Dental Therapy program before advocating for legislation
  - Still waiting for decision, and don't want to lose momentum
- Legislative Strategy:
  - Senator Udall (NM) and Rep. Lujan (NM) interested
  - Seeking Senate Republican Lead on Finance committee
- We need Resolution Support from Tribes and Areas:
  - Albuquerque Area Indian Health Board
  - California Rural Indian Health Board
  - Great Lakes Tribal Health Board
  - Great Plains Tribal Health Board
  - Inter-Tribal Council of Arizona
  - Navajo Nation
  - Rocky Mountain Tribal Leaders Council

CMS.gov  
Centers for Medicare & Medicaid Services



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## Medicaid Legislative Initiative

1. Allow states to extend Medicaid to all AI/ANs under 138% of the federal poverty level.
  - Implements Medicaid expansion for all eligible AI/ANs.
2. Authorize Indian health system to receive Medicaid reimbursement for services authorized under IHCA.
  - Reinforces the direct relationship between Tribes and the federal government, rather than relying on state authority.
  - Currently, IHS & Tribes can only receive reimbursement for services authorized through the state Medicaid agency.
3. Extend 100% federal reimbursement to Medicaid services by Urban Indian providers to AI/ANs.
  - Currently, only services provided at IHS & Tribal facilities are reimbursed by the federal government at 100%.
4. Clarify in federal law and regulations that—
  - State Medicaid programs can't override Indian-specific provisions in federal Medicaid law.
  - AI/ANs cannot be negatively impacted by state requirements such as work requirements or adding co-pays and monthly premiums.
5. Allow billing for services provided outside a clinic facility's "four walls".
  - Under the current system, Tribes and IHS can only get reimbursed for services provided *inside* the facility.
  - This restricts reimbursements for home visits, or services referred outside the IHS or Tribal facility.

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## Public Health Legislation

- Comprehensive Addiction Resources Emergency (CARE) Act
  - \$800 million in direct funding to Indian Country for substance use prevention/treatment
  - Modeled off Ryan White/HIV Aids Legislation from 1990s
  - Senator Warren (D-MA) and Rep. Cummings (D-MD)
- Senate Committee on Indian Affairs Tribal Public Health Roundtable in May 2019
  - NIHB discussed the need to authorize public health emergency grants for Tribes and codify the Tribal Advisory Committee at CDC in statute
  - NIHB and Tribes want direct funding set-asides for public health programs within HHS



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## Veteran's Affairs Tribal Advisory Committee Act

- S. 524 introduced in February
  - Tester (D-MT), Sullivan (R-AK), Udall (D-NM), Murkowski (R-AK)
  - House companion bill H.R. 2791
- Introduced last year in different form
- Current bill better reflects NIHB's asks
  - 15 members – one from each IHS area + 3 at large
  - ½ of members are veterans
  - Provides recommendations to VA on Native Veteran issues, including behavioral health challenges
  - Committee reports annually to Congress on activities
- Replicates the success STAC and other committees have created at HHS agencies



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## Northwest Portland Area Indian Health Board and National Indian Health Board Harm Reduction Collaboration

- This represents a new area of work for NIHB
  - Interconnected to our opioid, HIV, and hepatitis work
- Hosted a panel on harm reduction during 2019 Tribal Public Health Summit Plenary Session
  - Leaders from Pascua Yaqui, White Earth, Eastern Band of Cherokee, and Lummi Nation
- Attended White Earth Harm Reduction Conference in May 2019
  - Delivered opening remarks to approximately 500 attendees
  - Co-facilitated a one-day strategic planning on a national Tribal opioid response for 70 people
  - Conducted a one-day training on strengthening advocacy for harm reduction efforts
- Applying for foundation funding to facilitate a national, Native harm reduction network
  - To provide Tribal capacity building, and national level advocacy



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## Nursing Home Care for Native American Veterans Act



- Expected to be introduced by Sen. Sinema (D-AZ) and Rep. O'Halleran (D-AZ) in the near future
- Requires VA to reimburse Tribes for care provided in nursing home facilities
- NIHB requesting Tribal set asides for grant funding

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## Community Health Representatives and Community Health Aide Program

### Community Health Representatives

- Perform vital health screening services for Tribes nationwide
- Help patients handle logistics of health care access
- Can work in or out of facilities

### Community Health Aide Program

- Operates in Alaska
  - IHS expanding CHAP currently
- Provides frontline medical, behavioral, and dental health services
- Often CHAP providers work in village clinic settings

- Administration wants to combine programs
- Each performs distinct roles in different settings
- Some Tribes prefer to keep CHR's, others want CHAP, others want to use both
- **Funding for CHAP expansion must not come from CHR program or any other IHS appropriation!**

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## Questions?

Stacy A. Bohlen, Chief Executive Officer  
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