



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Review of Legislative and Policy Issues in 2018

Quarterly Board Meeting
Hosted by: Suquamish Tribe
January 22, 2019

2018 Legislative Requests

- Indian Health Service
 - Exempt IHS from Sequestration (p. 1)
 - Require IHS to provide detailed breakdown of IHS funding nationally and to areas (p. 1, RES)
 - Mandatory funding for IHS (p. 1)
 - Advance Appropriations for IHS (p. 1-2)
 - Equity in Health Care Facility Funding (p 2, RES)
 - Permanently Reauthorize the Special Diabetes Program for Indians (p. 2, RES)
 - Support transfer of IHS Appropriations from jurisdiction of Interior, Environment & Related Appropriations to Labor, Health and Human Services, Education and Related Appropriations (p. 5)

2018 Legislative Requests

- ACA/IHCIA and Medicaid
 - Preserve the Indian Health Care Improvement Act and Indian-Specific Protections in the ACA (p. 6, RES)
 - Preserve Medicaid/CHIP & 100% FMAP (p. 8)
 - Equal Access for AI/AN under Medicaid (RES only)
- Veterans
 - Preserve VA reimbursement agreements, reimbursements at OMB encounter rate, allow an exemption for tribes from value-based structure and ensure tribal consultation
 - Support for Veteran’s Tribal Advisory Committee (TAC) (RES only)

2018 DOI/IHS Appropriations Requests

- Fully Fund the Indian Health Service at \$32 billion (p. 1, RES)
- Fund Small Ambulatory Care Facilities (p. 3)
- Fund Regional Referral Specialty Care Center for planning and design at \$3.4 million (p. 3, BF)
- Fund Dental Health Aide Therapy/Community Health Aide Nationalization (p. 4, BF, RES)
- Market pay increases for providers (p. 4, BF)
- Fully Fund the Indian Health Care Improvement Act (p. 6, BF)
 - Provider Recruitment and Training Programs (p. 4)
 - Long Term Care (p. 6)
 - Behavioral Health and Substance Abuse (p. 6)
- Fund HCV Treatment (p. 10 , BF, RES)
- Increase funding for Sanitation Facilities & M&I programs (p. 11, BF)
- Increase funding for IHS Scholarship Program (RES only)

2018 HHS Appropriations Requests

- Fund HCV Prevention and Treatment (HHS)
 - Fund Secretary’s Minority AIDS Initiative Fund (p. 10)
- Public Health & Environment (CDC)
 - Fund tribes directly for tribal public health infrastructure (p. 10)
 - Authorize and fund a public health emergency fund through Secretary of HHS (p. 10)
 - Increase funding for asthma treatment programs (p. 11)
 - Fund training and remediation for housing contamination (p. 11)
- Fund Native American Center of Excellence (HRSA) (RES only)

2018 HHS Appropriations Requests Cont’d

- Behavioral Health and Substance Abuse (SAMHSA)
 - Increase funding to implement the National Tribal Behavioral Health Agenda (p. 6, BF)
 - Ensure that all tribes have access to State Targeted Response Funding and other SAMHSA funding to address opioid crisis with consideration of reduced administrative burden to ensure there are no barriers for tribes and tribal organizations to access these funds (RES only)
 - Provide support for prevention (BF)
 - Expand telebehavioral health platform (BF)

2018 Policy Requests-IHS

Indian Health Service – IT/EHR System Replacement (pp. 4-5)

- Provide tribal consultation in each IHS Area throughout process
- Provide training, and technical assistance
- Focus on the benefits to patient care
- Consider the various EHR systems that tribes are using
- Provide additional training and technical support, especially for smaller tribal health clinics.
- Provide a more user-friendly format for health care providers to highlight certain patient information and reporting for data collection.
- Make operability more of a focus

2018 Policy Requests-IHS Cont'd

Indian Health Service – DHAT/CHAP Nationalization (pp. 4-5)

- Amend IHCA to remove state authorization requirement
- Support the Training and Utilization of DHATs in Tribal communities. (RES)
- Expand CHAP in the Portland and California IHS Areas (RES)
- Support the development of regional certification boards with federal baseline standards (RES)
- Increase funding for CHAPs in order to expand and implement the program nationally (appropriations)
- Provide more resources for behavioral health and dental aides
- Allow tribes to authorize/license/certify CHAP providers that at a minimum meet Alaska CHAP Standards.

2018 Policy Requests-CMS

Centers for Medicare and Medicaid Services (CMS)- Medicaid Initiatives (pp. 7-8)

- Monitor and Enforce Tribal Consultation
- Include IHS in discussions with tribes, HHS/CMS, and state when waivers are being considered that will impact the Indian health system.
- Provide more information to IHS/tribes on Value Based Payment (VBP) models
- Allow tribes an exemption from VBP models and preserve fee-for-service payment structure within states.

2018 Policy Requests-CMS Cont'd

CMS-Medicaid HCV Treatment (p. 10)

- State Medicaid Agencies must make HCV treatment a clinical priority and ensure access to medications to all (p. 10, RES)

Policy Requests-Veterans 2018

Veteran's Administration (pp. 8-9)

- Conduct Area tribal roundtables on the VA reimbursement agreements prior to the end of the existing renewal agreements.
- Improve care coordination for AI/AN Veterans.
- Reimburse tribal PRC dollars for specialist care to AI/AN veterans.
- improve eligibility and service eligibility determinations.
- Expand direct care services for care provided to all veterans regardless if they are eligible for IHS funding or not.

Questions?


