



NPAIHB

Indian Leadership for Indian Health

NPAIHB COVID-19 Weekly Update

Please sign in using the chat box:

Enter the tribe or organization you are representing
and names of all people participating with you today

Information for Today's Call

Agenda

- ▶ Welcome & Introduction
- ▶ NPAIHB COVID-19 Situation Report:
Celeste Davis
- ▶ Indian Health Service Update:
Dean Seyler
- ▶ State Partner Updates:
 - ▶ Washington DOH/HCA: Tamara Fife,
Jessie Dean
 - ▶ Oregon: Julie Johnson
 - ▶ Idaho: Veronica Smith
- ▶ Legislative and Policy Update
 - ▶ Veronica Smith & Laura Platero
- ▶ Questions/Comments

Guidelines

- ▶ Please place yourself on mute unless speaking
- ▶ Sign in, using chat box, with your tribe/organization and names of all participants
- ▶ Use the chat box for questions, for Q&A after updates and announcements

NPAIHB COVID-19 Situation Report

Celeste Davis

C-19 Emergency Response - NPAIHB

Situation Report: 11/17/20

- ▶ Vaccine Progress: Two vaccines, several weeks until any FDA approval; planning for distribution - IHS Training this week for sites with IHS as vaccine provider
- ▶ Testing: % positivity should be less than 5%
 - ▶ Consider ramping up testing and establishing testing schedule for HCW
- ▶ Tracing: Case investigation - find the epi links, focus on case management, have case help notify contacts; Contact tracing - surge protocols may require prioritizing monitoring or using an automated system
- ▶ Isolation: Focus on supporting cases in isolation, link services for wrap-around supports for vulnerable cases and high-risk contacts in quarantine
- ▶ Public Policy: Require masks, implement stay-at-home orders, maximize telework, worker protection and benefits
- ▶ Engage the Public: Conduct rapid surveys, transparent data, virtual town halls to get unity and compliance among residents, visitors, and businesses

Indian Health Service Update

Dean Seyler

State Partner Updates

Washington DOH/HCA: Tamara Fife and Jessie Dean

Oregon OHA: Julie Johnson

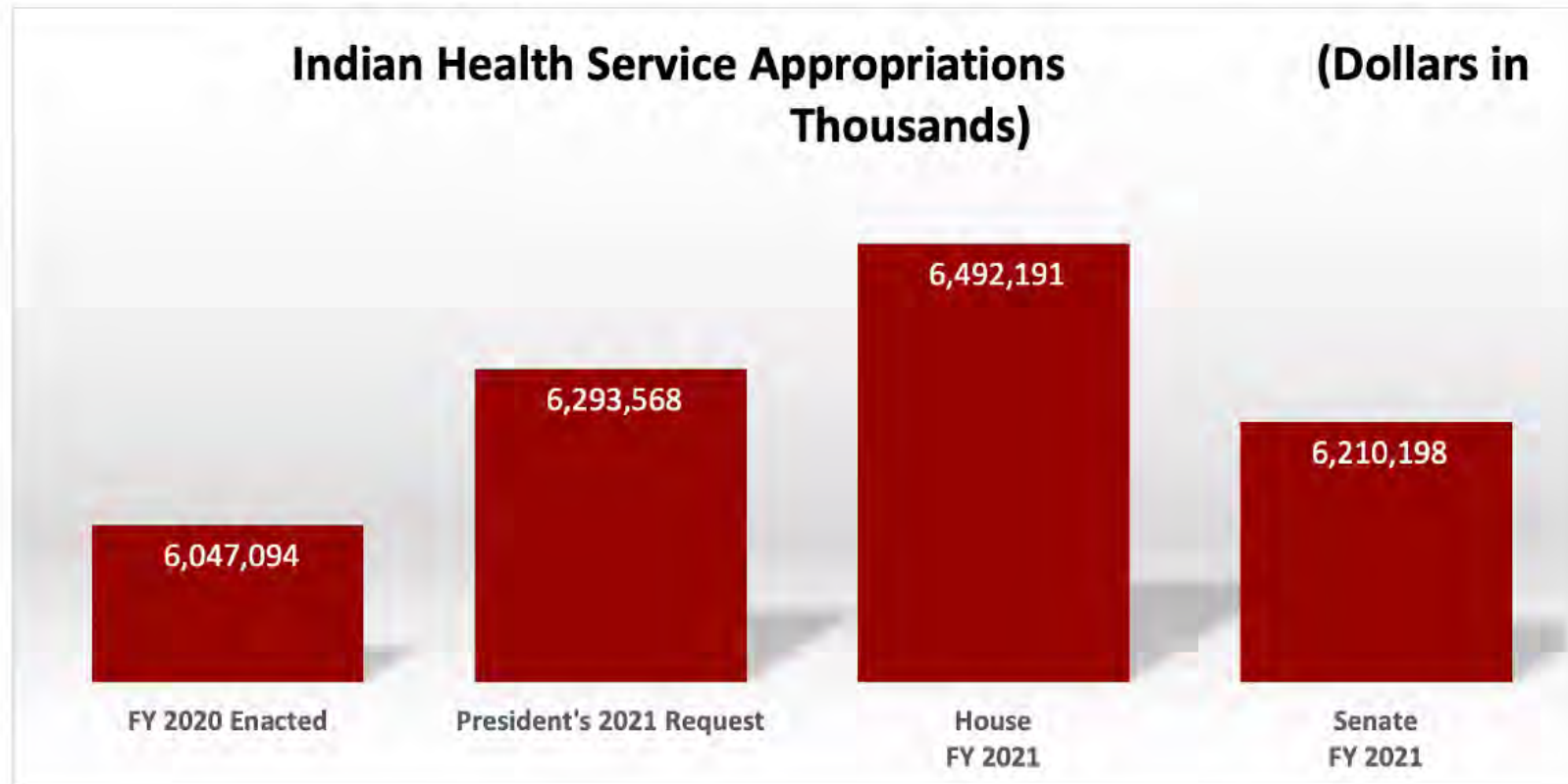
Idaho: Veronica Smith

Legislative and Policy Update

Veronica Smith and Laura Platero

Senate Appropriations FY 2021

Indian Health Service (from NIHB presentation at NCAI)



Leg and Policy Updates

FY 2021 Appropriations

All 12 Senate appropriations bills released, IHS funding at \$6.21b (House at \$6.49b)

- Budget reductions in Hospitals/Health Clinics line items \$78m
- New indefinite appropriation for Section 105(I) leases \$101m
 - Senate package does not include House square footage restrictive language
- DHAT \$2m for Region 10 only, CHAP \$5m (CHR/Health Ed/CHAP as separate line items)
- SAMHSA, CDC funding maintained at FY 2020 levels

Expect an omnibus appropriations bill with no committee mark-ups; no amendments

Senate will reintroduce a “skinny” COVID package; expect opposition in the House

Bills likely to move forward in the lame duck session

- Tribal Health Data Improvement Act
- VA Tribal Advisory Bill
- PRC reimbursement fix between IHS and VA

Biden Transition

- Keven Washburn (Chickasaw) leading the team re DOI appointments
- Deb Haaland (D-NM) potential nominee for Interior Secretary

NCAI Update

- ▶ Kevin Allis resigned as CEO of NCAI
- ▶ Health Subcommittee and Human Resources Committee Meetings
- ▶ Focus on Transition Plan activities for new administration
- ▶ Two resolutions from our area passed last week at NCAI's Annual Convention:
 - ▶ Increase Telehealth Access and Funding Tribal Communities (PDX-20-039)
 - ▶ Streamline COVID-19 Funding and Resources to Tribes and IHS/Tribal Health Clinics and Urban Indian Organizations (PDX-20-040)

NCAI Transition Plan - Action for First 100 Days

- ▶ Confirm the continuation of the HHS Secretary's Tribal Advisory Committee (STAC) and other agency-level Tribal Advisory Committees
- ▶ Coordinate meetings to discuss the health priorities in Indian Country
- ▶ Provide education on key principles of federal Indian law
- ▶ Create and fill the position of tribal liaisons within each of the 15 offices of the Secretary of HHS in addition to each of the 10 operating divisions of HHS and its Office of Intergovernmental and External Affairs

NCAI Transition Plan – HHS Recommendations

1. Expand Self-Governance at HHS and create funding mechanisms for noncompetitive baseline funding for all tribal nations
2. Ensure that AI/ANs who would be eligible for Medicaid but for their state's inaction are automatically enrolled in the public option, at no cost to the individual
3. Provide direct funding to tribal nations by creating tribal and urban “set asides” for key federal health programs
4. Create a division of tribal affairs office in each HHS operating division
5. Full implementation of the Indian Health Care Improvement Act (IHCIA)

NCAI Transition Plan – HHS Recommendations

6. Preserve Medicaid protections and expanded eligibility for American Indians and Alaska Natives
7. Full reimbursement of Medicare payments
8. Preserve the IHClA and other provisions within the ACA that directly benefit the Indian health system in any healthcare reform legislation and engage in meaningful federal tribal consultation throughout the process of any major healthcare reform
9. Permanently expand flexible telehealth waivers under CMS
10. Definition of Indian

NCAI Transition Plan – IHS Recommendations

1. Support and work with Congress to provide advance appropriations for IHS
2. Funding under Continuing Resolutions
3. Ensuring AI/ANs can access care at the IHS/Tribal facility of their choosing
4. Increase collaboration between the IHS and the Veterans Administration
5. Fully staff all IHS mental health/behavioral health care positions
6. Support behavioral health innovations
7. Ensure that efforts to expand and nationalize Community Health Aide Programs (CHAP) will hold harmless the support and continuation of the Community Health Representative (CHR) program

NIHB Transition Plan Activities

- ▶ NIHB Board call to discuss transition activities on 11/13/20
- ▶ Ad Hoc National Committee being convened
 - ▶ Members from Area Health Boards, NCAI, TSGAC, SGAC, MMPC, IHS budget formulation, etc.
- ▶ National Health Transition Summit - mid-December
 - ▶ Tribal leadership
 - ▶ New administration representatives
- ▶ Plan
 - ▶ Survey to be disseminated
 - ▶ Big ask: full funding for IHS, workforce development with housing, etc.

Questions & Comments

The background features abstract, overlapping geometric shapes in shades of orange and green. The shapes are layered, creating a sense of depth and movement. The colors are muted and earthy, with the orange appearing in various tones from light to dark, and the green in similar muted shades. The overall composition is clean and modern.