

2020 Policy Priorities

Presented by: Elizabeth J. Coronado and Candice Jimenez



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

NPAIHB Health Policy Team

- *New Staff Introduction*

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Confederated Tribes of Warm



Legislative and Policy Committee



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Indian Health Service

- Fully fund the IHS
- Establish a separate and indefinite discretionary appropriation for 105(I) lease funding.
- Provide mandatory funding for IHS
- Amend IHClA to authorize advance appropriations for IHS.
- For Purchased and Referred Care, move access to care factor from category 3 to category 2 in funding formula.



Health Care Facility Funding

- Request GAO to issue a report on IHS Health Care Facilities Construction Priority System.
- Create equitable health care facilities funding opportunities for all IHS areas.
- Fund Regional Referral Specialty Care Demonstration Project in the Portland Area.
- Increase funding for small ambulatory programs and joint venture projects.



SDPI

- Permanently authorize SDPI at \$200 million per year with medical inflation rate increases annually. (NPAIHB Res. No. 19-04-12)
- Create options for tribes to receive SDPI funds through Title I or Title V compacts or contracts.
- Allow areas to reallocate data infrastructure funds to Tribal Epi Centers to assist tribes in managing their SDPI data.



Patient Protection and Affordable Care Act / IHCIA

- Congress must protect ACA and IHCIA.
- Fully fund IHCIA, including long term care, recruitment and retention, and behavioral health.
- Fund Tribal Epi Centers to fulfill their role as a Public Health Authority. (TA, capacity building, evaluation, public health surveillance)



IHS IT Modernization

- For FY 2021, fund \$25 million for planning and phased in maintenance of RPMS.
- Conduct tribal consultation in each IHS area on any efforts to modernize or replacement of RPMS.
- Provide ample transition period, training, and TA.
- Consider the many tribal facilities that have purchased commercial off the shelf systems.



Medicaid/CHIP

- Protect 100% FMAP.
- Protect FFS (not subject to managed care or value based payments).
- Support legislation that:
 - Extends Medicaid eligibility for all AI/AN with household income up to 138% of the federal poverty level.
 - Authorizes IHCPs in all states to receive Medicaid reimbursement for health care services delivered to AI/ANs
 - Extend full federal funding through 100% FMAP to states for Medicaid services furnished by urban Indian providers
 - Removes the limitation on billing by IHCPs for services provided outside the 4 walls of a tribal clinic



Workforce Development

- Establish HRSA TAC in FY 2021.
- Expand Title 38 authorities to ensure that IHS and tribal facilities can be competitive in the current job market.
- Fund IHClA 112, 132, and 134 for additional resources to address recruitment and training programs.
- Increase funding in FY 2021 for IHS Indian Health Professionals in the amount of \$10 million to fund scholarships and support Loan Repayment Program



Elders Committee



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Elders and Long Term Care

- Congress must fund long term care services, assisting living services, hospice care and home/community-based services (*all authorized under IHCIA for AI/AN people*)
- HHS/CMS/IHS must create an encounter rate (*or enhanced rate*) for tribal nursing homes
- Congress must increase funding to IHS or ACL for elder access to no-cost eyeglasses



Behavioral Health Committee



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Behavioral Health (Mental Health & Substance Use)

- Increase support for AI/AN youth inpatient and outpatient mental health and substance use services
- Support funding for the IHS Behavioral Health Programs for Indians
- Strengthen partnerships for integrated care between behavioral health and medical care teams
- Address 42 CFR part 2 restrictions and align it with HIPAA to allow for integrated care for AI/Ans with Substance Use Disorder (SUD)
- SAMHSA –
 - Accessible funding, tele-behavioral health, youth-focused, National BH



Community Health Aide & Oral Health Committee



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Community Health Aide Program Nationalization & Dental Health Aide Therapists

- Support continued funding for Community Health Aide Program (CHAP) expansion in FY 2022
- Support continued funding for the Community Health Representative (CHR) program
- Implement nationalization of CHAP in the Portland IHS Area (NPAIHB/CRIHB Joint Res No. 17-04-09)
- Support tribes to authorize/license/certify CHAP providers
- Creation of permanent series and classification of position descriptions for DHA/Ts and CHA/Ps in federally-operated facilities



Public Health Committee



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COVID-19 (Vaccine)

- Hold agencies accountable to conduct ongoing and meaningful tribal consultation on all COVID-19 vaccine policies and plans
 - Ensure access to all 3 options to receive vaccine: federal, state and local
 - Ensure that tribes have resources needed to receive and store vaccine
- Honor tribes' authority to determine service & priority populations
- HHS and IHS must provide funding and infrastructure support to tribes for vaccine reporting



HCV & HIV Treatment and Funding

- For HCV, ensure that all AI/AN patients with HCV at I/T/U facilities have access to treatment
- Ensure that Indian Country is included in *Ending the HIV Epidemic Funds*
- IHS to support creation of a funding mechanism to receive Minority AIDS Initiative (MAI) funding for distribution via the Office of Infectious Disease and HIV/AIDS Policy
- For State Medicaid Agencies, make HCV treatment a clinical priority and ensure access to medications to all persons with medical need
 - as determined per American Association for the Study of Liver Diseases (AASLD) guidelines (NPAIHB Res No. 18-02-03)
- Ensure Administration's National Plan for HIV Elimination is inclusive of tribes and AI/AN communities



Public Health

- Appropriate funding directly to tribes for tribal public health infrastructure
- Develop Tribal Public Health capacity; equitable access to services & gradual capacity improvement
- Authorize Public Health Emergency Fund established through the Secretary of HHS that tribes can access for tribally-declared public health emergencies
 - analogous to tribal disaster declarations to access FEMA funding
- Fund Tribal EpiCenters to fulfill their role as a Public Health Authority
 - Outlined in IHClA for activities such as technical assistance, capacity building, evaluation, public health surveillance, etc.
- Provide targeted funding to CDC for tribes to increase asthma treatment programs
 - Education and remediation of environmental triggers associated with poor asthma control and housing-related environmental hazards.
- Ensure equity in funding to address social and economic factors that impact health (SDoH)
 - Support programs like Good Health and Wellness in Indian Country and invest in MCH programs



Veterans Committee



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Veterans

- On Reimbursement agreements:
 - Pass legislation to preserve and strengthen VA reimbursement agreements
 - Ensure reimbursement at the OMB encounter rate & allow VA reimbursement of Purchased and Referred Care (PRC) dollars for specialist care to AI/AN veterans
- Streamline and improve process for establishing reimbursement agreements between the VA and tribal health programs
- Increase outreach & advocacy resources to ensure all AI/AN veterans are eligible for health care benefits available in their community including veterans' care coordination and mental health care needs
- Support and improved interoperability of the EHR for IHS, VA, and DOD
- Pass legislation creating VA Tribal Advisory Committee (NPAIHB Res No 19-04-11)
 - See HR 7105 and HR 6237



Youth Committee



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Youth

- Fund initiatives that provide for AI/AN adolescents & young adults:
 - Fund tribes to invest in safe and secure environments; places to live, learn and play (*Safe schools, wellness centers, clinics, homes, social wraparound/coordinated care programs and services*)
 - Funds IHS Tribal Epi Centers to improve tribal capacity to support adolescent youth
- Prepare AI/AN youth in taking an active role in their own health and wellbeing



2021 Policy Priorities - Development

- Committee instructions
 - Review 2020 Leg & Policy requests and Biden transition priorities
 - Discussion during Committee on any additions/changes to 2021 policy requests
 - Committee leads will compile those changes/additions and return to Liz/Candice

Setting 2021 Legislative and Policy Priorities in Committee

Step 1: Please review the priorities for your Committee and determine if you'd like to make any changes (delete, combine, revise or add).

Step 2: You may also look at the priorities for other Committees and make recommendations in other areas too.

Step 3: A form has been provided to Committee Leads to identify proposed changes or add additional recommendations to the priorities.

Step 4: Committee Leads will need to return the form via email by 2pm on January 19, 2021 to:

Candice Jimenez cjimenez@npaihb.org and Elizabeth Coronado ecoronado@npaihb.org

Behavioral Health Committee

Behavioral Health (Mental Health & Substance Use)

1. Increase support and fund AI/AN youth-focused inpatient and outpatient mental health and substance use recovery services.
2. Fund Youth Regional Residential Treatment Centers that provide aftercare and transitional living for both substance use and mental health; and support initiatives that increase the number of AI/AN youth substance use and mental health facilities.
3. Fully fund a Behavioral Health Program for Indians with option for tribal shares and non-competitive funding for direct service tribes (NPAIHB Res. No.19-04-09)
4. Fund technical assistance by Area Health Boards/Tribal Epidemiology Centers to Tribes for data collection and evaluation.
5. Continue SAMHSA TOR non-competitive funding for tribes, directly to tribes and in parity with states.
6. Reduce restrictions of federal housing programs for tribal members in recovery and fund housing models that fit the needs of tribal communities.
7. Fully fund implementation of the SAMHSA National Tribal Behavioral Health Agenda
8. Fully fund IHCIA behavioral health initiatives
9. For SAMHSA to conduct a tribal needs assessment to gather input as to gaps in services that should be funded for AI/AN.
10. For SAMHSA to provide more funding for prevention, training for mid-level SUD providers, data waiver trainings for SUD providers, and training and development of peer counselors.
11. Address 42 CFR part 2 restrictions and align it with HIPAA to allow for integrated care for AI/ANs with Substance Use Disorder (SUD).
12. For IHS to ensure that all IHS behavioral health initiatives must create an option for tribes to receive funding through contracts and compacts.
13. Create option for tribes to collect data or use Tribal Epidemiology Centers.
14. Fully fund IHCIA provisions for increases to behavioral health funding to provide inpatient treatment, training for mental health techs, expansion of tele-mental health and demonstration grants.
15. IHS to support and fund the strengthening of partnerships for integrated care between behavioral health and medical care teams.

Elders Committee

Elders and Long-Term Care

1. Fund long term care services, assisted living services, hospice care, and home-and-community-based services, authorized under IHCIA, for AI/AN people.



Mich gayis / Tai itukdi – Thank you!



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