**NPAIHB CHAIRMAN REPORT**

**JANUARY-APRIL 2017**

In my role as Chair, I attended several meetings this quarter:

I attended NIHB Board Meeting on January 24-26, 2017 in Washington, DC. In addition to our regular board business, we spent a significant amount of time setting legislative and policy priorities related to the new administration.

From February 13-16, 2017, I attended NCAI’s Executive Council Winter Session in Washington, DC. I also made about 10 Hill visits with Board staff and spoke with Congressional Representatives for Washington, Oregon and Idaho and had meetings with majority and minority staff of the Senate Committee on Indian Affairs. We advocated for preservation of Medicaid expansion and 100% FMAP, opposition to block granting, and preservation of the Indian Health Care Improvement Act and Indian provisions in the Affordable Care Act. We also advocated for permanent authorization and increased funding for the Special Diabetes Program for Indians, IHS Advance Appropriations, IHS Exemption from Sequestration, parity with VA funding for Hepatitis C treatment, among many other requests.

I then attended the FY 2019 IHS National Budget Work Session from February 16-17, 2017 in Crystal City. I was re-nominated as co-Chair and look forward to continuing in this role. At the meeting, IHS acknowledged Portland Area’s request for full funding at (42%). There was also an inquiry to Acting Director Chris Buchanan as to unspent IHS funds being returned to the Treasury. Acting Director Buchanan will provide a detailed response in the future.

On March 9, 2017, I testified at an Oversight Hearing for the Subcommittee on Indian, Insular and Alaska Native Affairs (under the House Committee on Natural Resources) on “Improving and Expanding Infrastructure in Tribal and Insular Communities.” I asked the Subcommittee to do everything in its power to ensure that Congress addresses Indian health facilities needs when it drafts legislation to implement the expected Trump administration infrastructure initiative. I also asked the Subcommittee to direct the IHS to distribute a significant portion of any facilities construction funds that may be available under an infrastructure initiative through an Area Distribution Fund to ensure that all IHS areas have an opportunity to address facility needs.

On March 30, 2017, I attend the U.S. Department of Health & Human Services, 19th Annual Tribal Budget and Policy Consultation. Tribal leaders from across Indian country attended the meeting to discuss budget and policy concerns with leadership from several federal agencies. As a co-Chair of the National Tribal Budget Formulation Workgroup, I made a needs-based budget request to IHS of $32 billion to be phased in over a 12-year period. I also discussed the impact of cuts to the Low Income Home Energy Assistance Program (LIHEAP), the Meals on Wheels Program, and the Low Income Student Foods Assistance Program; recent passage of bill in Washington state allowing dental health aide therapists (DHATs) to work in Tribal communities, and need to get DHATs approved for reimbursement under Medicaid; Indian country’s oral health disparities, the need for DHATs, and the Indian Health Care Improvement Act’s restriction on use of DHATs without state authorization; importance of Headstart; funding for traditional healing and the Tribal Behavioral Health Agenda; and other concerns. For the Colville Tribe, I talked about working with the State on obtaining the inpatient encounter rate for our convalescent center and in-home care and long term care needs. HHS Secretary Tom Price attended the consultation during the last hour. I was able to speak directly with the Secretary and reiterate several of the concerns that I expressed to the federal agencies.

Last week, on April 10, 2017, I attended the HHS Region 10 Tribal Consultation hosted by the Suquamish Tribe. Representatives from the various federal agencies were at the meeting. I brought up the need for Hepatitis C Treatment, the prevalence of cancer in our communities, concern about the cut to LIHEAP funding, the CMS 4 Walls Limitation, and the need for funding for elders for in-home and long-term care.