

NPAIHB Weekly Update

March 26, 2024

Please sign in using the chat box:

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



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Information for Today's Call

Agenda

- Welcome & Introduction: Bridget Canniff
- Upcoming Indian Country ECHO Sessions
- Upcoming NPAIHB Weekly Update Sessions
- Legislative & Policy Update: Karol Dixon & Rebecca Descombes
- IHS and/or State Partner Updates
- 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



Upcoming Indian Country ECHO Telehealth Opportunities

- **Care and Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, March 26th at 11am PT
 - Topic: *STI Screening in Pregnancy: How to Use Field Testing and Treatment for Syphilis*
 - To learn more and join: <https://www.indiancountryecho.org/program/pregnancy-care-echo-program/>
- **HCV ECHO** –Wednesdays each week at 11am PT
 - Wednesday, March 27th at 11am PT
 - Didactic Topic: *Syphilis 101*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, March 28th at 12pm PT
 - Didactic Topic: Indigenous Love
 - To learn more and join: <https://www.indiancountryecho.org/program/journey-to-health-echo-program/>
- **Maternal and Child Health ECHO**– Last Thursday of every month at 12pm PT
 - Thursday, March 28th at 12pm PT
 - To learn more and join: <https://www.indiancountryecho.org/program/maternal-and-child-health/>

Weekly Update Schedule Preview: April

April 2: Public Health Update – Native CARS / Child Passenger Safety / Injury Prevention

April 9: NWTEC Epi/Data Update – Northwest AI/AN Opioid Overdose Mortality Data
Brief

April 16: Public Health Update – OR Poison Control Center or STI Awareness Month

April 23: **No Update** – NPAIHB QBM Week

April 30: Legislative & Policy Update



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



"Weaving oral health into healthy lives"

Save The Date

May 7th-9th, 2024



2024 Portland Area Dental Meeting

May 7th-9th, 2024, Salishan Coastal Lodge in Gleneden Beach, OR

Inviting all dental staff! We strongly encourage Dental Directors/Supervisors, Prevention Coordinators and Health Directors to attend this meeting. You are welcome to invite other staff as well. Please make sure they register individually.

Date:	Content:	Time:
Monday, May 6th, 2024	Early registration	3:00 pm – 5:00 pm
Tuesday, May 7th, 2024	Dental Director's Mtg NTDSC Orientation	8:30 am – 12:00 pm 1:00 pm – 3:30 pm
Wednesday, May 8th, 2024	Portland Area Dental Meeting Reception	8:30 am – 4:30 pm 6:00 pm – 9:00 pm
Thursday, May 9th, 2024	Portland Area Dental Meeting	8:30 am – 12:00 pm

For online booking go to:
[Link to direct group reservation](#)
Use Group ID: 21886

For reservations by phone:
To make reservations, your attendees must call the Salishan Coastal Lodge Group Reservation Department at 541-764-3600 between the times of 7:00am – 7:00pm and identify themselves as participants of this event to receive the special rates quoted.

- Press #1 for Lodging Reservations
- Press #2 for Designated Group Reservations

Room Rate: \$131 + tax
Salishan Coastal Lodge | 7760 North Highway 101
Gleneden Beach, OR 97388
(541) 764-3600 | www.salishan.com

Please contact Ticey Mason for details at tmason@npaihb.org

Registration:



Or visit www.surveymonkey.com/r/2024_PADM

Reservations must be booked by April 6th 2024



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Northwest Tribal Public Health Emergency Preparedness Conference

June 10-12, 2024

Registration link:

<https://bit.ly/TPHEP2024RegistrationLanding>

Call for proposals due 4/12/24 use link below to submit proposal:

<https://www.surveymonkey.com/r/TPHEP2024>

All links are available on the NPAIHB events calendar at:

www.npaihb.org/npaihb-events/

Spirit Mountain Casino

27100 SW Salmon River Hwy

Grand Ronde, OR 97347

<https://bit.ly/2024TPHEPHotelReservation>

Tribal travel scholarships are available

Questions?? Contact the planning team @ NPAIHB at
tphep@npaihb.org

Conference funded by:

*Northwest Portland Area Indian Health Board
Oregon Health Authority Public Health Division
Washington State Department of Health
Idaho Department of Health and Welfare*



Funding for this conference was made possible in part by Grant CDC-RFA-TP19-1901 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Idaho Department of Health and Welfare or the Centers for Disease Control and Prevention, nor does mention of trade names, commercial practices, or organizations imply endorsement by the US Government.

LEGISLATIVE &

**POLICY
UPDATE**



1972 - 2022

NPAIHB

March 26, 2024

NPAIHB Weekly Update



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

Indian Leadership for Indian Health

2024 Legislative and Policy Priorities Survey

- 2024 Leg & Policy Update survey distributed Jan-Feb 2024
- Shared during Hill visits
- Will continue to use throughout the year
- See separate slide deck



The Northwest Tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or Board) in 1972. NPAIHB is a nonprofit tribal organization that serves the forty-three federally recognized tribes of Idaho, Oregon, and Washington on health-related issues. Tribes become voting members of the Board through resolutions passed by their governing body. Each member tribe designates a delegate to serve on the NPAIHB Board of Directors.

Our Mission: Eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest tribes in delivering culturally appropriate, high-quality health programs and services.

2024 Legislative and Administrative Priorities

Legislative Priorities

- **Self-Governance.** Advance legislation to expand Self-Governance authority to other HHS agencies and Federal Budget. Full and Mandatory Appropriations for Indian Health
- **Purchased and Referred Care.** Ensure Indian Health Service Purchased and Referred Care (PRC) is funded at the National Tribal Budget Formulation Workgroup recommended amount, which was \$9.14 billion for FY2024
- **Special Diabetes Program for Indians.** Permanently authorize, increase funding and provide self-governance authority for the Special Diabetes Program for Indians.
- **Opioid & Fentanyl.** Support the National Tribal Opioid Summit policy recommendations.
- **Behavioral Health.** Support an act to authorize a special behavioral health program for Indians, e.g., the Behavioral Health Access Improvement Act of 2021.
- **Tribal Set Aside.** Create and fund 10% Tribal Set Asides across all HHS Programs.
- **Tribal Public Health Infrastructure.** Full funding in the President's Budget, active engagement with Congress and budget appropriations leaders to achieve the investment targets.
- **Public Health.** Amend the PHHS Block Grant Program (PL 97-35 and PL 102-531) to make Tribes eligible to receive direct funding to address their own unique public health needs and challenges with innovative and community-driven methods.
- **Qualified Indian Provider Services.** Authorize Indian Health Care Providers across all states to receive reimbursement for all mandatory and optional services described as "medical assistance" under Medicaid services authorized under the Indian Health Care Improvement Act.
- **Home & Community Based Services.** Support legislation that enhances Medicaid funding for home and community-based services. Specifically include a tribal initiative set aside and make the Money Follows the Person funding permanent.

Administrative Priorities Supporting Healthcare Financing

- Create an option for Tribes to receive HHS funds, including Special Diabetes Program for Indians and other health initiatives, directly or through their ISDEAA Contracts and Compacts.
- Create and fund 10% Tribal Set Asides across all HHS Programs.
- Ensure a fair Purchased & Referred Care (PRC) formula by moving the PRC Dependent/ Access to Care from the PRC Funding Distribution Formula to the Annual Adjustment Category.
- Ensure that managed care entities (MCE) are reimbursing Indian Health Care Providers at the OMB endorsed rate and prohibit MCEs from imposing timely filing limits. Require MCEs to report data specific to the OMB rate paid to Indian Health Care Providers.
- Include Portland Area for any Community Health Aide Program (CHAP) education funding appropriate

Administrative Priorities Supporting Healthcare Financing (continued)

- Create funding and opportunities for CHAP providers.
- Increase funding within HRSA for AI/AN and tribal health providers to address chronic workforce shortage with Public Health Scholarships.
- Update Health Professional Shortage Area (HPSA) scoring to address unique provider shortages and ensure access to culturally responsive care and graduate medical residences in the Indian Health system.
- Ensure efforts to modernize EHR meet Tribal public health surveillance needs.

Administrative Priorities to Support Children, Families & Elders

- Coordinate a cross-agency federal response to address homelessness and substandard housing crisis across Indian Country.
- Creative partnerships to fully support and house Tribal children who are, or about to, age out of foster care.
- Increase support for long-term care services, assisted living services, hospice care, and home and community-based services, including facilities construction for AI/AN elders.
- Consult with Tribes to ensure Administration for Community Living (ACL) funding formulas are meeting the needs in Tribal communities.
- Increase flexibility of Older Americans Act (OAA) Title VI Funding.
- Simplify the process for Tribes to access Administration for Children and Families (ACF) funding for Foster Care through Title IV-E of the Social Security Act.
- Create a family wellness "477" program. A "477" program would create more flexibility in how funds are used to support families.
- Increase funding for Title VI Native American Nutrition and Supportive Services.
- HHS Office of Population Affairs update its list of effective programs to include culturally relevant programs like Healthy Native Youth.
- Re-establish the Internal ACF Tribal Affairs Workgroup.

Administrative Priorities Supporting Behavioral Health

- Support the Boarding School Healing Initiative and work across agencies to address intergenerational trauma.
- Ensure agencies work align with the National Tribal Behavioral Health Agenda.
- Inter-agency effort to prioritize behavioral health funding and support.
- Ensure telehealth access and continued expansion.
- Increase non-competitive funding for tribal behavioral health and tribal opioid response.
- Implement National Tribal Opioid Summit Policy Recommendations.

Administrative Priorities Supporting Public Health

- Support Data Sovereignty, development of MOU and IRB-like approval process.
- Reaffirm tribal public health authorities' ability to access AI/AN public health data and receive training on use of national datasets.
- Focus on Public Health Capacity Building in Indian Country and expand the ideas into actionable planning through engagement and consultation with Tribes.
- Continue funding and broaden the scope of NARCH and other tribally-led research capacity for youth and workforce.
- Support the development of a Tribally led plan that addresses gaps identified in the 2019 Public Health in Indian Country Capacity Scan.

Cross Cutting Administrative Policies

- Climate change capacity building to support Tribes collection and monitoring of their own data and use of traditional ecological knowledge.
- Encourage data collection for Missing and Murdered Indigenous Persons (MMIP) in partnership across agencies, including CDC, National Center for Health Statistics, and Operation Lady Justice.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Capitol Hill Update



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

FY2024

- IHS budget passed March 8 (Interior and Env Appropriations bill)
- Includes advance appropriations for FY2025, \$5.2 billion
 - Not include in advance Electronic Health Record System, the Indian Health Care Improvement Fund, Contract Support Costs, Payments for 105(I) Tribal Leases, Sanitation Facilities Construction, and Health Care Facilities Construction
- The final agreement fully funds (but not mandatory for FY2025):
 - Contract Support Costs, estimated to be \$1.1 billion in FY 2024, and
 - Payments for Tribal Leases, estimated to be \$149 million in FY 2024
- \$996.8 million for PRC, an increase of \$27.7 million over FY 2023



FY 2025 HHS Budget

- <https://www.hhs.gov/about/budget/fy2025/index.html>
- \$8.2 Billion in discretionary and mandatory
- +\$1.1 Billion (16%) over FY2023
- Includes \$260 million mandatory SDPI
- Proposed to make IHS funding mandatory in FY2026



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



Fiscal Year 2025

Budget in Brief

Administrative and Regulatory Updates

- HHS & DEA Issues Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription Controlled Substances through **Dec. 31st, 2024**
- CMS Releases Updated Guidance on Medicare Provider Enrollment for Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs)
- CMS Extends Four Walls Grace Period for an Additional 12 Months.
 - NPRM pending as of Feb 1, 2024
- Administration for Children and Families (ACF) Announcement on Medicaid Fraud Related to Behavioral Health Treatment Facilities in Arizona



Administrative Updates: PRC Website

- NEW Purchased/Referred Care Delivery Area Expansion website
 - a status tracker of submitted PRCDA Expansion requests, the PRCDA Listing, and a summary of PRCDA versus Service Delivery Area.
 - A PRCDA refers to the geographic area within which PRC services will be made available by the IHS to members of an identified Indian community who reside in the area, subject to the provisions of [42 CFR Part 136 Subpart C](#).
 - Tribes may seek PRCDA re-designation or expansion to increase their geographical coverage to include beneficiaries not covered under their existing PRCDA. The PRCDA Expansion webpage will be updated on a routine basis with updated information as needed.
- <https://www.ihs.gov/prc/prcda-expansion/>
- The IHS also noted that:
 - Section 222 of the [Indian Health Care Improvement Act](#) protects IHS beneficiaries with authorized referrals. Vendors are prohibited from billing beneficiaries of the IHS for care provided under the PRC program. In summary, patients are not liable for services that are authorized by PRC, and vendors are prohibited from collecting any payments for these services from the patient, whether directly or through referral to an agent for collection. Patients experiencing this should promptly contact their service unit's PRC program to resolve the billing issue. Vendors who continue to bill patients despite notification can be reported to Area PRC leadership and IHS attorneys for further action.



Administrative Updates: SAMHSA

- [Medications for the Treatment of Opioid Use Disorder](#). SAMHSA revised and released the [final rule](#), 42 CFR Part 8, in February 2024, to make COVID-19 flexibilities permanent, and to expand access to care and treatment for opioid-use disorder.
- These rules will go into effect in October 2024, allowing time for OTPs to prepare and for states to review their regulations that impact how this rule is implemented.
- <https://www.samhsa.gov/medications-substance-use-disorders/statutes-regulations-guidelines/42-cfr-part-8>



Upcoming Consultations & Listening Sessions

- CMS All Tribes Consultation Webinar on Traditional Health Care Practices Medicaid Coverage
 - April 3 at 12:00 PT; comments due April 24
- HHS Annual Tribal Budget Consultation
 - April 9-10; Washington, DC, comments due April 12
- HHS Region 10 Annual Tribal Consultation
 - May 1-3, Silver Reef Casino, Ferndale, WA
- IHS HIT Modernization Series; Deployment and Cohort Planning
 - May 9th; comments due June 8



Upcoming Regional & National Meetings

March 26-27	CHAP Tribal Advisory Group Meeting; Rockville, MD/Hybrid
April 3	CMS Consultation - Traditional Health Care Practices Provided at IHS and Tribal Facilities; Virtual
April 9-10	HHS Annual Tribal Budget Consultation; Washington, D.C.
April 15-18	Tribal Self-Governance Conference; Chandler, AZ
April 22 - 25	NPAIHB Tribal Health Director (THD) Meeting and Quarterly Board Meeting (QBM) 7 Cedars Hotel & Casino, Sequim, WA
April 23-24	IHS Information Systems Advisory Committee (ISAC) Spring Semi-Annual Meeting; Oklahoma City, OK/Virtual
May 1-3	Region X Tribal Consultation; Silver Reef Casino Resort, Ferndale, WA
May 7-8	HHS Secretary's Tribal Advisory Committee; Washington, DC

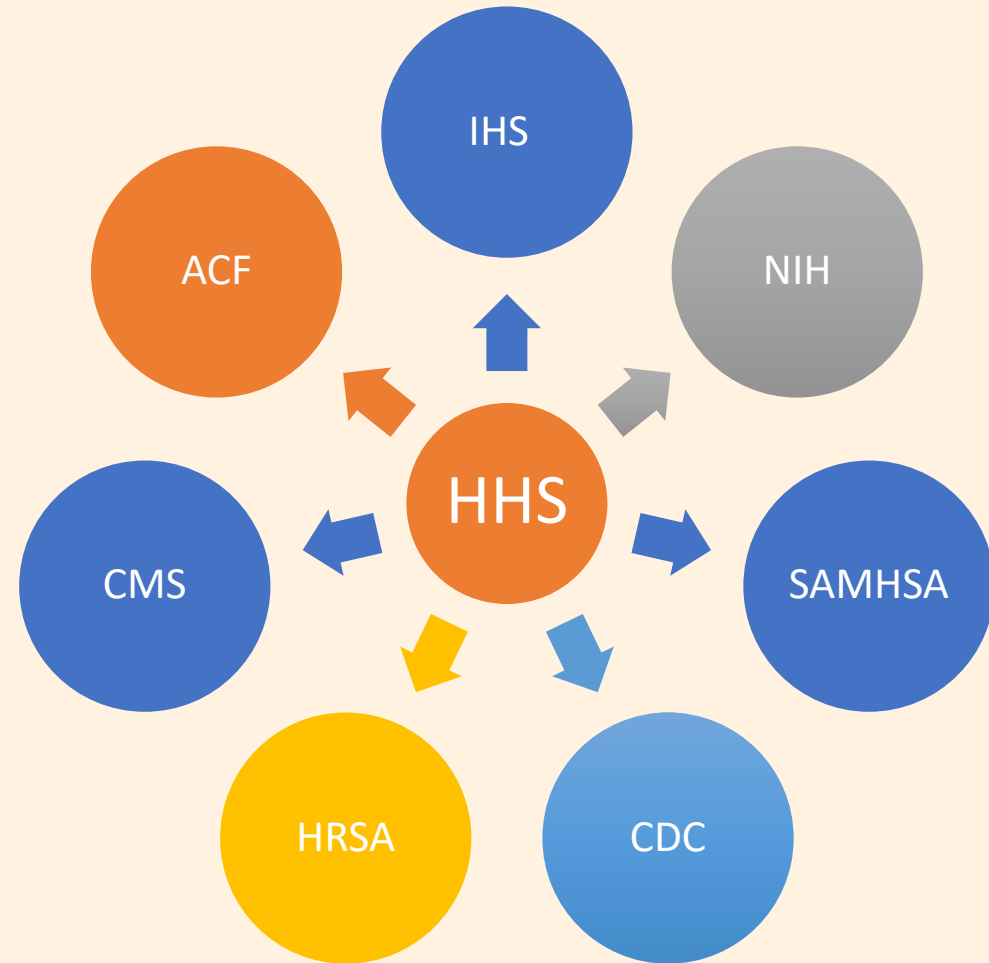


NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Please contact Rebecca Descombes at rdescombes@npaihb.org for more information.

Tribal Advisory Committee Report & Vacancies

COMING SOON
@ April QBM



NPAIHB Policy Resources

- Weekly – Legislative and Policy Updates
- Weekly – Cindy Darcy’s D.C. Legislative Update
- Monthly (4th Tuesday) – NPAIHB Weekly Update Zooms
- Quarterly Board Meeting Update



[This Photo](#) by Unknown Author
is licensed under [CC BY-SA](#)



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

2024 Legislative and Administrative Priorities



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Methodology

- Survey Monkey tool distributed via email to all Tribal Leaders, Delegates and Tribal Health Directors in Idaho, Oregon and Washington in January 2024.
- Specific outreach to Tribal Leaders in attendance to policy setting meetings
- Survey Monkey tool shared at ATNI with in person attendees
- Responses: 31



- Double-sided document available for printing, and QR code.



The Northwest Tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or Board) in 1972. NPAIHB is a nonprofit tribal organization that serves the forty-three federally recognized tribes of Idaho, Oregon, and Washington on health-related issues. Tribes become voting members of the Board through resolutions passed by their governing body. Each member tribe designates a delegate to serve on the NPAIHB Board of Directors.

Our Mission: Eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest tribes in delivering culturally appropriate, high-quality health programs and services.

2024 Legislative and Administrative Priorities

Legislative Priorities

- **Self-Governance.** Advance legislation to expand Self-Governance authority to all tribes.
- **Federal Budget.** Full and Mandatory Appropriations for Indian Health
- **Purchased and Referred Care.** Ensure Indian Health Service Purchased and Referred Care National Tribal Budget Formulation Workgroup recommended amount, which was \$1.1 billion.
- **Special Diabetes Program for Indians.** Permanently authorize, increase funding authority for the Special Diabetes Program for Indians.
- **Opioid & Fentanyl.** Support the National Tribal Opioid Summit policy recommendations.
- **Behavioral Health.** Support an act to authorize a special behavioral health program under the Behavioral Health Access Improvement Act of 2021.
- **Tribal Set Aside.** Create and fund 10% Tribal Set Asides across all HHS Program Areas.
- **Tribal Public Health Infrastructure.** Full funding in the President's Budget, active and budget appropriations leaders to achieve the investment targets.
- **Public Health.** Amend the PHHS Block Grant Program (PL 97-35 and PL 102-321) to receive direct funding to address their own unique public health needs and challenge city-driven methods.
- **Qualified Indian Provider Services.** Authorize Indian Health Care Providers across all HHS Programs for reimbursement for all mandatory and optional services described as "medical assistance services authorized under the Indian Health Care Improvement Act."
- **Home & Community Based Services.** Support legislation that enhances Medicaid community-based services. Specifically include a tribal initiative set aside and make the funding permanent.

Administrative Priorities Supporting Healthcare Financing

- Create an option for Tribes to receive HHS funds, including Special Diabetes Program health initiatives, directly or through their ISDEAA Contracts and Compacts.
- Create and fund 10% Tribal Set Asides across all HHS Programs.
- Ensure a fair Purchased & Referred Care (PRC) formula by moving the PRC Dependence on the PRC Funding Distribution Formula to the Annual Adjustment Category.
- Ensure that managed care entities (MCE) are reimbursing Indian Health Care Program and prohibit MCEs from imposing timely filing limits. Require MCEs to report data on rate paid to Indian Health Care Providers.
- Include Portland Area for any Community Health Aide Program (CHAP) educational

Administrative Priorities Supporting Healthcare Financing (continued)

- Create funding and opportunities for CHAP providers.
- Increase funding within HRSA for AI/AN and tribal health providers to address chronic workforce shortage with Public Health Scholarships.
- Update Health Professional Shortage Area (HPSA) scoring to address unique provider shortages and ensure access to culturally responsive care and graduate medical residencies in the Indian Health system.
- Ensure efforts to modernize EHR meet Tribal public health surveillance needs.

Administrative Priorities to Support Children, Families & Elders

- Coordinate a cross-agency federal response to address homelessness and substandard housing crisis across Indian Country.
- Creative partnerships to fully support and house Tribal children who are, or about to, age out of foster care.
- Increase support for long-term care services, assisted living services, hospice care, and home and community-based services, including facilities construction for AI/AN elders.
- Consult with Tribes to ensure Administration for Community Living (ACL) funding formulas are meeting the needs in Tribal communities.
- Increase flexibility of Older Americans Act (OAA) Title VI Funding.
- Simplify the process for Tribes to access Administration for Children and Families (ACF) funding for Foster Care through Title IV-E of the Social Security Act.
- Create a family wellness "477" program. A "477" program would create more flexibility in how funds are used to support families.
- Increase funding for Title VI Native American Nutrition and Supportive Services.
- HHS Office of Population Affairs update its list of effective programs to include culturally relevant programs like Healthy Native Youth.
- Re-establish the Internal ACF Tribal Affairs Workgroup.

Administrative Priorities Supporting Behavioral Health

- Support the Boarding School Healing Initiative and work across agencies to address intergenerational trauma.
- Ensure agencies work align with the National Tribal Behavioral Health Agenda.
- Inter-agency effort to prioritize behavioral health funding and support.
- Ensure telehealth access and continued expansion.
- Increase non-competitive funding for tribal behavioral health and tribal opioid response.
- Implement National Tribal Opioid Summit Policy Recommendations.

Administrative Priorities Supporting Public Health

- Support Data Sovereignty, development of MOU and IRB-like approval process.
- Reaffirm tribal public health authorities' ability to access AI/AN public health data and receive training on use of national datasets.
- Focus on Public Health Capacity Building in Indian Country and expand the ideas into actionable planning through engagement and consultation with Tribes.
- Continue funding and broaden the scope of NARCH and other tribally-led research capacity for youth and workforce.
- Support the development of a Tribally led plan that addresses gaps identified in the 2019 Public Health in Indian Country Capacity Scan.

Cross Cutting Administrative Policies

- Climate change capacity building to support Tribes collection and monitoring of their own data and use of traditional ecological knowledge.
- Encourage data collection for Missing and Murdered Indigenous Persons (MMIP) in partnership across agencies, including CDC, National Center for Health Statistics, and Operation Lady Justice.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

2024 Legislative Priorities



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



2024 Legislative Priorities

- **Self-Governance** Advance legislation to expand Self-Governance authority to other HHS agencies and programs.
- **Federal Budget** Full and Mandatory Appropriations for IHS
- **Purchased and Referred Care** Ensure IHS Purchased and Referred Care (PRC) is funded at National Tribal Budget Formulation Workgroup recommended amount, which was \$9.14 billion for FY2025.
- **Special Diabetes Program for Indians** Permanently authorize, increase funding and provide self-governance authority for the Special Diabetes Program for Indians.



2024 Legislative Priorities (continued)

- **Opioid & Fentanyl** Support the National Tribal Opioid Summit policy recommendations.
- **Behavioral Health** Support an act to authorize a special behavioral health program for Indians, e.g., the Native Behavioral Health Access Improvement Act of 2021.
- **Tribal Set Aside** Create and fund 10% Tribal Set Asides across all HHS Programs.
- **Tribal Public Health Infrastructure** Full funding in the President's Budget, active engagement with Congressional and budget appropriations leaders to achieve the investment targets.



2024 Legislative Priorities (continued)

- **Public Health** Amend the PHHS Block Grant Program (P.L. 97-35 and P.L. 102-531) to make Tribes eligible to receive direct funding to address their own unique public health needs and challenges with innovative and community-driven methods.
- **Qualified Indian Provider Services** Authorize Indian Health Care Providers across all states to receive Medicaid reimbursement for all mandatory and optional services described as “medical assistance” under Medicaid and all services authorized under the Indian Health Care Improvement Act.
- **Home & Community Based Services** Support legislation that enhances Medicaid funding for home and community-based services. Specifically include a tribal initiative set aside and make the Money Follows the Person grant funding permanent.



2024 Administrative Priorities

Healthcare Financing, Children, Families and Elders, Behavioral Health, Public Health, Cross Cutting



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



Supporting Healthcare Financing

- Create an option for Tribes to receive HHS Funds, including Special Diabetes Program for Indians and behavioral health initiatives, directly or through their ISDEAA Contracts and Compacts
- Create and fund 10% Tribal Set Asides across all HHS Programs
- Ensure a fair Purchased & Referred Care (PRC) formula by moving the PRC Dependent/Access to Care Factor in the PRC Funding Distribution Formula to the Annual Adjustment Category



Supporting Healthcare Financing (continued)

- Ensure that managed care entities (MCE) are reimbursing Indian Health Care Providers (IHCPs) at the OMB encounter rate and prohibit MCEs from imposing timely filing limits. Require MCEs to report data specific to the OMB encounter rate paid to IHCPs
- Include Portland Area for any Community Health Aide Program (CHAP) education funding appropriated
- Create funding and opportunities for CHAP providers



Supporting Healthcare Financing (continued)

- Increase funding within HRSA for AI/AN and tribal health providers to address chronic workforce shortage with Public Health Scholarships
- Update Health Professional Shortage Area (HPSA) scoring to address unique provider shortages and ensure access to culturally responsive care and graduate medical residencies in the Indian Health system
- Ensure efforts to modernize EHR meet Tribal public health surveillance needs



Children, Families & Elders

- Coordinate a cross-agency federal response to address homelessness and substandard housing crisis across Indian Country
- Creative partnerships to fully support and house Tribal children who are, or about to, age out of foster care
- Increase support for long-term care services, assisted living services, hospice care, and home and community-based services, including facilities construction for AI/AN elders
- Consult with Tribes to ensure Administration for Community Living (ACL) funding formulas are meeting the needs in Tribal communities



Children, Families & Elders (continued)

- Increase flexibility of Older American Act (OAA) Title VI Funding
- Simplify the process for Tribes to access Administration for Children and Families (ACF) funding for Foster Care through Title IV-E of the Social Security Act
- Create a family wellness "477" program. A "477" program would create more flexibility in how funds are used to support families
- Increase funding for Title VI Native American Nutrition and Supportive Services



Children, Families & Elders (continued)

- HHS Office of Population Affairs update its list of effective programs to include culturally relevant programs like Healthy Native Youth
- Re-establish the Internal ACF Tribal Affairs Workgroup



Behavioral Health

- Support the Boarding School Healing Initiative and work across agencies to address intergenerational trauma
- Ensure agencies work align with the National Tribal Behavioral Health Agenda
- Inter-agency effort to prioritize behavior health funding and support
- Ensure telehealth access and continued expansion
- Increase non-competitive funding for tribal behavioral health and tribal opioid response
- Implement National Tribal Opioid Summit Policy Recommendations



Public Health

- Support Data Sovereignty, development of MOU and IRB-like approval process
- Reaffirm tribal public health authorities' ability to access AI/AN public health data and receive training on use of national datasets
- Focus on Public Health Capacity Building in Indian Country and expand the ideas into actionable planning through engagement and consultation with Tribes
- Continue funding and broaden the scope of NARCH and other tribally-led research capacity for youth and workforce



Public Health (Continued)

- Support the development of a Tribally led plan that addresses gaps identified in the 2019 Public Health in Indian Country Capacity Scan



Cross-Cutting Administrative Policies

- Climate change capacity building to support Tribes collection and monitoring of their own data and use of traditional ecological knowledge
- Encourage data collection for Missing and Murdered Indigenous Persons (MMIP) in partnership across agencies, including CDC, National Center for Health Statistics, and Operation Lady Justice



Thank you –



If you have any questions, please let us know!

+ Karol Dixon, kdixon@npaihb.org

+ Rebecca Descombes rdescombes@npaihb.org



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Questions and Comments



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health