

NPAIHB Weekly Update

April 30, 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
- Upcoming NPAIHB Events
- NPAIHB Legislative & Policy Update: Candice Jimenez & 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

- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, May 1st at 11am PT
 - Didactic Topic: *NASH*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>
- **SUD ECHO** – 1st Thursday of every month at 11am PT
 - Thursday, May 2nd at 11am PT
 - Didactic Topic: *Syphilis and Native Health Resources*
 - To learn more and join: <https://www.indiancountryecho.org/program/substance-use-disorder/>
- **emRIC ECHO**
 - Monday, May 6th at 8:30 am PT
 - Topic: *Pain/Addiction Medicine*
 - To learn more and join: <https://www.indiancountryecho.org/program/emergency-medicine-echo-program/>

Weekly Update Schedule Preview: May

May 7: Public Health Update – TBD

May 14: NWTEC Update – Tribal Public Health Infrastructure Building

May 21: Public Health Update – Oregon Poison Control Center

May 28: Legislative & Policy Update

New website! Visit www.npaihb.org/weeklyupdate for upcoming topics, past presentations, and more!



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
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NPAIHB Weekly Update

The Northwest Portland Area Indian Health Board (NPAIHB) holds virtual Weekly Update sessions on Tuesdays from 10:00 to 11:00 AM Pacific Time. Please join us to learn about and discuss important and timely public health, epidemiology and data, and policy issues of interest to those working in and with tribal and AI/AN communities.

Our usual topic schedule* is:

- 1st & 3rd Tuesdays of the month: Public Health Updates
- 2nd Tuesday of the month: NWTEC Epidemiology & Data Updates
- 4th Tuesday of the month: Legislative & Policy Updates

*Topic focus subject to change. In months with 5 Tuesdays, the Legislative & Policy session may shift to the last Tuesday, and/or or special topics may be presented on the 4th or 5th Tuesday.

Click on the links below for the upcoming topic schedule, Zoom link, past presentation slides, and other information.



[Weekly Update Schedule & Topics](#)



[Join Zoom Now](#)



[Add to Calendar](#)



[Past Weekly Update Presentations](#)



[More Information](#)



[Contact Us](#)

Upcoming Weekly Update Schedule & Topics

Date	Featured Topic	Presenter(s)	Subject
4/23/24	NO CALL (QBM)		
4/30/24	Legislative & Policy Update	Health Policy Team	Policy & Legislative Updates
5/7/24	Public Health Update: Topic TBA	TBA	Public Health Updates
5/14/24	Tribal Public Health Infrastructure Building	Bridget Canniff, Public Health Improvement & Training	EpiCenter Data Updates
5/21/24	OR Poison Control Center Resources	Charise Pizarro-Osilla & Jenfer Eskridge, OR Poison Control Center/OHSU	Public Health Updates
5/28/24	Legislative & Policy Update	Health Policy Team	Policy & Legislative Updates

Past Weekly Update Presentations

+ April 16, 2024 Weekly Update: STI Awareness Month - Native Health Resources & HIV/PrEP Campaigns

+ April 9, 2024 Weekly Update: Opioid Overdose Mortality amongst AI/AN in the NW

+ April 2, 2024 Weekly Update: Native CARS Tribal Injury Prevention Project & Highway Safety Program

+ March 26, 2024 Weekly Update: Legislative and Policy Update

+ March 19, 2024 Weekly Update: NW Tribal Dental Support Center

Northwest Tribal Public Health Emergency Preparedness Conference

June 10-12, 2024

Registration link:

<https://bit.ly/TPHEP2024RegistrationLanding>

Room block closes May 10

Draft Agenda and other key info 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**



NPAIHB Weekly Update

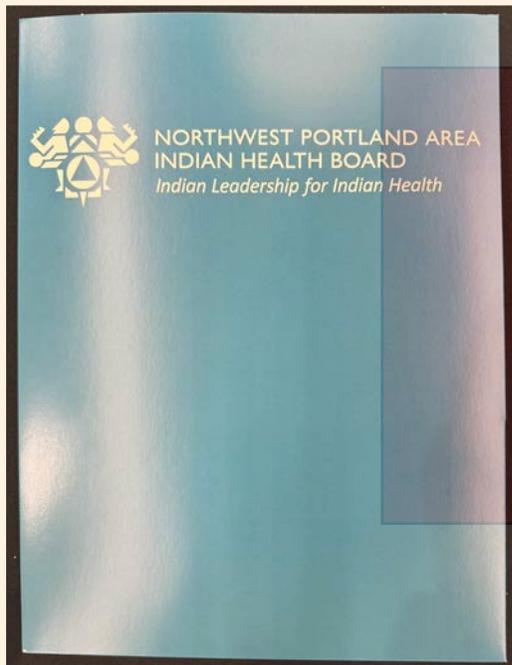
April 30, 2024



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





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Indian Leadership for Indian Health

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

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 work Public Health Scholarships.
- Update Health Professional Shortage Area (HPSA) scoring to address unique provider shortage to culturally responsive care and graduate medical residencies in the Indian Health system.
- Ensure efforts to modernize EHR meet Tribal public health surveillance needs.

Legislative Priorities

- **Self-Governance.** Advance legislation to expand Self-Governance authority to other HHS agencies and programs.
- **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 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.
- **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.
- **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 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.

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 work across agencies to address trauma.
- Ensure agencies work align Behavioral Health Agenda.
- Inter-agency effort to prioritize funding and support.
- Ensure telehealth access and increase non-competitive federal health and tribal opioid.
- Implement National Tribal Recommendations.

Administrative Priorities Supporting Public Health

- Support Data Sovereignty, and IRB-like approval process.
- Reaffirm tribal public health access AI/AN public health using on use of national data.
- 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.

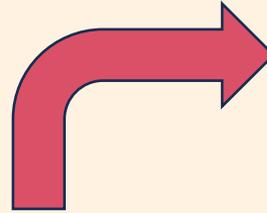
Cross Cutting Administrative Policies

- 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

QR Code Access— Legislative and Policy Priorities Survey



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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



2024 Legislative Priorities



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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



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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 houselessness 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 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



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



Capitol Hill Update



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FY2024

- IHS budget passed March 8 (Interior and Env Appropriations bill)
- Includes advance appropriations for FY2025, \$5.2 billion
 - Does not include in Electronic Health Record System, the Indian Health Care Improvement Fund, Contract Support Costs, Payments for 105(l) 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 funding
 - +\$1.1 Billion (16%) over FY2023 budget
 - Includes \$260 million mandatory SDPI
 - Proposed to make IHS funding mandatory in FY2026



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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.
 - <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.



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

- HHS Region 10 Annual Tribal Consultation
 - **May 1-2 (One-to-One's May 3)**; Silver Reef Casino, Ferndale, WA
- IHS HIT Modernization Series; Deployment and Cohort Planning
 - **May 9** – Written Comments due **June 8**



Upcoming Regional & National Meetings

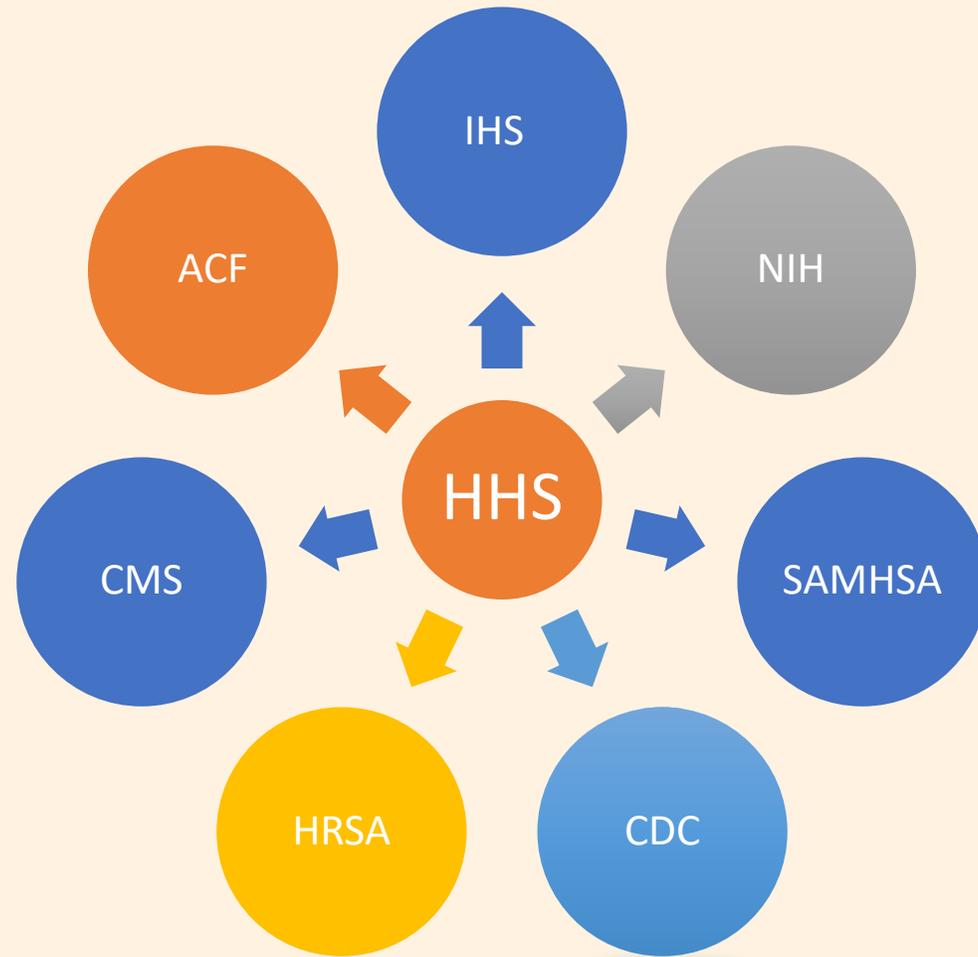
May 1-3	Region 10 Tribal Consultation; Silver Reef Casino Resort, Ferndale, WA (<i>Hybrid</i>)
May 7-9	2024 Portland Area Dental Meeting; Salishan Coastal Lodge, Lincoln City, OR
May 7-8	HHS Secretary's Tribal Advisory Committee (STAC); Washington, DC
May 8	House Appropriations Testimony (<i>Interior, Environment & Related Agencies</i>); Washington, DC
May 19-23	2024 National Tribal Health Conference; Rapid City, SD
June 1-7	National Congress of American Indians (NCAI) Midyear Convention 2024; Cherokee, NC
June 5-6	DSTAC 3rd Quarter Meeting; Albuquerque, NM / Hybrid
June 11-12	Facilities Appropriation Advisory Board Meeting (FAAB); Anchorage, AK



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

Tribal Advisory Committee Report & Vacancies



Vacancies

ACF	At Large
CDC/ATSDR TAC	Primary, Alternate, At Large (4)
HRSA	Alternate
NIH	Alternate, At Large (3)
SAMHSA	At Large (3)



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NPAIHB Policy Resources

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



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Thank you –



If you have any questions, please let us know!

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Candice Jimenez, Chief of Staff, cjimenez@npaih.org



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Questions and Comments



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