

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Clinical	Lifestyle, Limits, Prevention, Waste, Patient Pays	<ul style="list-style-type: none"> • Make service conditional on lifestyle changes • Prevention priority over costly treatment
IHS Site - Clinical	Portability, Defined Benefits	<ul style="list-style-type: none"> • Portable IHS Eligibility • Defined benefits comparable at least to Medicaid
IHS Site - Adm/Other	Collections, Efficiency, Waste, Bureaucracy, EHR, Infrastructure, Training, Workforce	<ul style="list-style-type: none"> • Standardize IHS wide various administrative procedures & expand technology • Review ongoing work by contractors for relevancy • Support staff training/education at 2% of salary • Decrease excessive sick leave usage • Educate IHS patient population re: new technology, including information exchange among providers • Require advanced degrees for all leadership positions • Update IHS-OPM classification system to prevent position description and pay inconsistencies among IHS Areas • Fix UFMS and Sunflower
IHS Site - Clinical	Youth, Extended (den, vis, etc), Expansion	<ul style="list-style-type: none"> • Impacts of unmet dental care on children's health • Lack of dental insurance coverage for children
Tribal/Tribal Organization Site-clinic	Training,	<ul style="list-style-type: none"> • Need for more IHS executive support to expand nurse internship program. • Lack of health care training in HHS LMS. Need to determine use of LMS and other platforms after 10/2009.
IHS Site - Adm/Other	Chronic, Lifestyle, Youth, IHS Eligibility, Ambulatory, Extended (den, vis, etc), Prevention, CHS, Expansion, Costs, Training, Authorities	<ul style="list-style-type: none"> • Expand IHS eligibility to non-Indian family members. • Partner with high quality vendors. • Allow commissioned corps officers to work at Tribal and urban facilities. • Provide facilities for diabetes prevention, alcohol/substance abuse rehabilitation and mobile health care to those lacking transportation. • Target children's health care during summer. • Prioritize long term education for employees based on years of service. • Increase in-house specialists to decrease costs of referrals. • Work with insurance companies to contract discounted prices for employee health insurance.
IHS Site - Adm/Other	Lifestyle, CHS, Prevention, CHS, Limits, Limitations	<ul style="list-style-type: none"> • Limit CHS for persons abusing alcohol and substances. • Need preventive services.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Clinical	Lifestyle, Youth, Portability, Public Coverage, Prevention, Costs, Funding, Costs, Efficiency, Authorities, Entitlement	<ul style="list-style-type: none"> • Eliminate tax incentives to businesses that produce, promote products which contribute to unhealthy lifestyles. • Direct resources to health promotion/disease prevention and away from disease treatment. • Offer more school-based services and mandate health education/maintenance/disease management. • Decrease risk of fraud and where found impose severe penalties. Continue unannounced inspections of health facilities. • Allow veterans and poor to go to the nearest facility for medical care. Continue only VA hospitals affiliated with a university medical school. • Redirect resources to programs that contribute to healthy lifestyle. • Replace private health insurance with a public health trust funded by employees/employers giving a percentage of earnings. Design trust to impose personal responsibility for health. • Decrease clinician's time spent on GPRA activities. • Market healthy lifestyles. • Decrease exposure to media that promote unhealthy lifestyles.
IHS Site - Adm/Other	CHS, Efficiency, HER, Entitlement	<ul style="list-style-type: none"> • Link EHR data to referrals and allow providers to work in an EHR referral environment. Link notifications from referral clerks to provide feedback information to providers. • Revamp RCIS and update to new technologies. • Reform the CHS program with entitlements that funding supports and regionalized CHS committees that review only procedures not listed as an entitlement or require prior authorization. Provide Explanation of Benefits. Benchmark against TRICARE, M& M to determine greater efficiency and effectiveness using current funds. Use current funding levels (combined IHS/Tribal) to have a CHS entitlement program using current practices of these other programs.
IHS Site - Adm/Other	IHS, Eligibility, Tribes, Sovereignty	<ul style="list-style-type: none"> • Request tribes establish blood quantum for descendents.
HQ/Area Office	Workforce, Authorities	<ul style="list-style-type: none"> • Hire employees for skill and work ethic; not race, color, tribe, family. • Need trained middle managers that expect work excellence from employees. • In some cases, managers should not be from the same tribe served by the IHS facility to avoid conflict of interest.
HQ/Area Office	Partnership	<ul style="list-style-type: none"> • Increase public awareness of the IHS/HHS systems, like how the two systems interact on guidelines, funding and other instruments. • Lack of awareness re: meetings being held. • Identify Department Heads and provide program contacts to the public.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Clinical	Medications, Costs, Costs, Partnership, Authorities	<ul style="list-style-type: none"> Negotiate a single government-wide purchase agreement to get the best price for medical supplies, services, and pharmaceuticals.
IHS Site - Clinical	Public Health, Prevention, Public Health, Initiatives	<ul style="list-style-type: none"> More emphasis on primary prevention activities, including more effective utilization of public health nurses. IHS's Innovations in Planned Care could be an example of cost-effective, high quality health care for the rest of the nation. Involve customers in building an accessible, acceptable and adaptable system of care.
IHS Site - Clinical	Collections, Revenues, Bureaucracy, Infrastructure	<ul style="list-style-type: none"> Reform procurement process Change the financial system so that denials of collections can be accessed and fixed, if possible.
IHS Site - Adm/Other	Infrastructure	<ul style="list-style-type: none"> Seek more input from the service unit level about the impact of decisions made at Area and HQs levels.
Tribal/Tribal Organization Site-clinic	Training	<ul style="list-style-type: none"> Need IHS executive support for implementing a nurse internship program. Health care training is not available in HHS LMS and other platforms cannot be used after October 1, 2009.
HQ/Area Office	3rd Party, Collections, Revenues, Billing, Infrastructure, Authorities	<ul style="list-style-type: none"> Require IHS to be the PCP for Native Americans to increase the Agency's ability to collect.
IHS Site - Clinical	Primary Care, HER, Infrastructure	<ul style="list-style-type: none"> RPMS is outdated limits EHR to the current capability of RPMS. Wait time to see a primary care provider (up to 6 months for outpatients) is an obstacle to health care.
Tribal/Tribal Organization Site-clinic	Public Health, 3rd Party, Public Health, Collections, Expansion, Revenues, Billing, Infrastructure, Partnership, Authorities	<ul style="list-style-type: none"> Supports more funding for public health nursing prevention services and adopting the "Nurse Family Partnership" model throughout the Indian health system. Work with CMS to give the Indian health system the ability to bill medical assistance for public health nursing interventions to generate revenue. I/T/Us need additional funding to support public health emergency preparedness staffing, supplies, exercises and drills, and supplies.
HQ/Area Office	Portability, Efficiency, Infrastructure, Authorities, Entitlement	<ul style="list-style-type: none"> Supports a broad scale, digital imaging network throughout IHS. Supports a nation-wide Indian health care system to ensure Native Americans get healthcare anywhere.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Clinical	Quality, Medications, Infrastructure, Authorities	<ul style="list-style-type: none"> • IHS quality of care is affected by Federal Tort protection that prevents the same standard of care as provided in the private sector. • Quality of clinical care should not be tied to number of patients seen per hour. • IHS formulary is substandard and prevents best possible medical care.
HQ/Area Office	3rd Party, Quality, Collections, Costs, Costs, Efficiency, Revenues, Billing, Organization, Workforce	<ul style="list-style-type: none"> • A cost of achieving, maintaining accreditation has reduced quality of direct patient care and services. Unite Area/service unit team to correct any deficiency. • Listen to customers and base change on their needs. • Visit private and other federal healthcare facilities to ensure Indian patients are receiving the same level of care as other patients. • Implement productivity standards for providers. • Improve documentation in order to bill appropriately. • Expand nurses' function to include patient advocacy. • Admit IHS patients to IHS hospitals to save CHS funds and increase revenue. • Improve communications internally, with Tribal partners, and with external health care providers so they understand our system. • Pursue partnerships to increase services, improve working relationships. • Market IHS to the public and expand cultural diversity training.
IHS Site - Clinical	Public Health, Traditional, Infrastructure, Organization	<ul style="list-style-type: none"> • IHS is the model for US public health service because of wellness programs and the guaranteed access to care before reaching crisis/emergency level. 2) Consider models of national health care in other countries (Canada, England, Europe) for lessons learned. The US insurance-centered model has not worked. • Expand IHS services to include complimentary medicine (chiropractic, massage, acupuncture, traditional (Native)).
IHS Site - Clinical	Aging, Quality, Efficiency, HER, Infrastructure, Initiatives, Organization	<ul style="list-style-type: none"> • IHS is better resourced to provide care for a healthy young person with a cold than for an elder with dementia or other life-limiting disease(s). Failure to recognize the problems and provide timely interdisciplinary intervention negatively impacts the quality and efficiency of elder care in the IHS and results in inappropriate, expensive, ineffective treatments. • Has developed a comprehensive, interdisciplinary program as a model for a continuum of care in later life. • Supports reform that is interdisciplinary in nature, made more feasible due to availability of the EHR.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
Tribal/Tribal Organization Site-clinic	Quality, HER, Infrastructure,	<ul style="list-style-type: none"> • IHS could be a model or platform for delivery of care to the uninsured in the US. • Nashville Area Office needs: -a departmental operations for risk management, IT, Contract Health, and an infection control and epidemiology department, -a Area level physician education and credentialing staff, -more organized nursing department with nurse executives and nursing education and credentialing staff, -coders and IT personnel at the service unit level, and - early standardized orientation/training on EHR for contractors and staff and programmed instruction for EHR users.
IHS Site - Clinical	3rd Party, CHS, Quality, Collections, Revenues, Billing, Infrastructure, Initiatives, Organization,	<ul style="list-style-type: none"> • Improved utilization review can generate revenue to improve quality of care. Full-time staff could benefit revenues in hospitals with high bed volume. • Emphasize Utilization Management in Indian health system. • Evaluate the JCACHO/Critical Access hospital and the fee for service model to determine which provides higher revenue to service units. • If UR was improved, channel some funds through Contract Health Services. • Professionalize Utilization Review with a training program with certification for nurses in Indian health. • Evaluate the Phoenix Area MSO program's role with Utilization Management if UM development is pursued within Indian Health.
Tribal/Tribal Organization Site-clinic	Public Coverage, CHS, Quality, Collections, Efficiency, Revenues, Billing, Infrastructure, Workforce,	<ul style="list-style-type: none"> • UFMS does NOT work for managing hospital finances. Reimbursements are received AFTER care is rendered. UFMS prohibits paying bills until the "money is in the bank." • Direct more money to ancillary services and secretarial staff for health care providers. • Improve human resources functions to reduce recruitment/hiring time for providers. • US Reform: Model after France, Germany, etc and combine private insurance through employers but with government regulation of these companies. For those with no access to care, the government should be the single payer. • IHS is a good model of care for patients as a relatively cost effective and efficient model of a single payer system. • Improve the billing function. IHS under bills for services rendered.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Adm/Other	Chronic, Lifestyle, 3rd Party, Prevention, Collections, Limitations, Revenues, Billing, Authorities	<ul style="list-style-type: none"> • US and IHS reforms needs to recognize the health education profession. • ADA will not approve bachelor-degreed health educators to become Certified Diabetes Educators (CDE) which prevents reimbursement of education services provided by health educators. • Educate patients to self manage diabetes could result in cost savings.
Tribal/Tribal Organization Site-clinic	Portability, Extended (den, vis, etc), Funding, Limitations, Entitlement	<ul style="list-style-type: none"> • AI/ANs should be eligible for health coverage on/off the reservation if referred by IHS providers to outside consultants.
IHS Site - Clinical	CHS, Public Coverage, CHS, Costs, Funding, Efficiency, Patient Pays, Billing, Bureaucracy, HER, Infrastructure, Authorities	<ul style="list-style-type: none"> • Incentivize patient responsibility for health. • Reduce missed clinic appointments. • CHS budget is spent largely on substance abuse illness/injury. • Insurance company bureaucracy reduces cost efficiency gained by use of EHR. • A single payer system is most efficient in reducing healthcare costs. • Operate insurance companies as non-profit organizations, but if they continue as private industry, add a government-sponsored plan to provide competition. • Do not mandate people to purchase health insurance. • Ban disqualifying pre-existing conditions and “cherry-picking” patients.
Tribal/Tribal Organization Site-clinic	Primary Care, Quality, Funding, Initiatives, Training	<ul style="list-style-type: none"> • Adopt integrated Case Management in IHS. • Support management support for CM and training for case managers.
IHS Site - Clinical	Chronic, Communities, Lifestyle, Public Health, Rural, Youth, Prevention, Public Health, Funding, Initiatives, Partnership, Workforce, Tribes	<ul style="list-style-type: none"> • Increase community level interventions to prevent chronic health problems. • Expand community health service programs for emphasis on healthy lifestyles. • Focus on prevention measures as a key component in health care reform. • Public health nursing staffing does not meet the IHS Resource Requirements Methodology standard (1.58 FTE per 1,250 users). • Work with Tribal Leaders to have them establish policies of healthy food distribution on reservations and be fitness role models. • Bring Boy/Girl Scout programs to reservations to instill positive behavior for youth.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Clinical	CHS, Quality, Funding, Revenues, Workforce, Training,	<ul style="list-style-type: none"> • Improve utilization review to generate revenue to improve quality of care. • Need more support for utilization review as a revenue generating activity. • Professionalize Utilization Review with a training program with certification for nurses. • Evaluate the MSO program's (PHX Area Office) role with Utilization Management, if IHS establishes UM.
IHS Site - Clinical	Chronic, Lifestyle, Youth, Prevention	<ul style="list-style-type: none"> • Address childhood obesity and illnesses caused by it.
IHS Site - Clinical	Lifestyle, Prevention, Authorities	<ul style="list-style-type: none"> • Preventive medicine is key to solving AI/AN health problems and is primarily a legislative issue.
Tribe/Tribal Org	Lifestyle, Poor Health, CHS, Limits, Medications, Prevention, Primary Care, Public Health, Quality, Traditional, Costs, Funding, Limitations, Costs, Infrastructure, Initiatives, Authorities	<ul style="list-style-type: none"> • Support personal responsibility for health. • Provide adequate health care funding for Indians living on reservations. • Suggests FDA be more open to health benefits of cherries and nutritional supplements, recognize the health hazards of high fructose corn syrup, and stop the sale of tobacco (except use for Native American religious purposes). • Be more aggressive in shifting to a wellness model. • Remove limits on Americans' ability to import lower-priced prescription drugs. Place less focus on prescribing drugs and emphasize diet, exercise and nutritional supplementation. • Redirect IHS direct care and reprioritize CHS from funding treatments for preventable diseases to a strong wellness program. • Adopt the Health Equity approach. • The current system is resistant to change because of the initial costs involved.
HQ/Area Office	Chronic, Workforce, Enforcing Laws	<ul style="list-style-type: none"> • Advance the use of telework, Work/Life Programs, and Alternative Work Schedules. • Dialogue with IHS employees/patients about EEOC mandate and be flexible in applying Reasonable Accommodation for our employees' needs.
Tribal/Tribal Organization Site-clinic	CHS, Funding, Limitations, Costs, Infrastructure, Entitlement, Authorities, Tribes	<ul style="list-style-type: none"> • Lack of appropriated funds to meet all CHS needs and all tribal contract/compact support costs.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
Tribe/Tribal Org	Behavior Health, Youth, IHS Eligibility, Prevention, Primary Care, Public Health, Funding, Infrastructure, Partnership, Workforce	<ul style="list-style-type: none"> • US health care reform that does not increase eligibility for referral care through an expansion of CHS or a total redesign of the payment for referral care will not adequately include AI/AN. • Linking our Health Information systems to other federal and state systems should be a priority. • Behavioral Health: Increase behavioral health providers at all levels, from counselors and social workers to psychiatrists specializing in child psych and other areas. Provide more funding for incentives for behavioral therapists and psychiatrists to practice in remote rural areas. Full funding for injury prevention programs and integration with clinical, behavioral, environmental and judicial systems should be undertaken.
IHS Site - Clinical	Private Coverage, Public Coverage, Limits, Medications, Quality, Primary Care, Costs, Limitations, Costs, Efficiency, Patient Pays, Waste, Bureaucracy, HER, Infrastructure, Authorities	<ul style="list-style-type: none"> • US reforms: Enable Government to negotiate one best price for medications purchased by any government sponsored health program. • Reform malpractice by requiring a regional board of health professionals, legal and judicial members, and lay people to weed out frivolous claims. • Cap payment for immeasurable things (pain, suffering). Penalize those in the legal system who repeatedly bring frivolous suits. • Cut payments by 10% to prevent Medicare payment for over reimbursing for surgery and procedures. • Cut payments by 30-40% for surgical/procedure hospital reimbursements (those who do not freely admit medical and pediatric patients). • Expand loan repayment incentives for providers intending to go into primary care and work in underserved urban and rural areas or into government service. • Rethink and have a national discussion of cost effectiveness standards for various health interventions. Have highly secure, electronic medical health records for patients which can be accessed nationally. Payers could review the justification for certain procedures done. • IHS and other public health system reforms: Avoid bureaucratic red tape and incorporate successful private sector practices that are cost-effective, attract high-quality candidates, and provide good health care. Have a QA system that functions from both the top down/bottom up with a systematic process whereby unnecessary or highly complicated procedures/policy are revised, simplified, or eliminated in an ongoing basis. Change GPRA to streamline government processes. Have a high quality, well-funded, Beta-tested electronic health record system.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
HQ/Area Office	Defined Benefits, Limitations, Costs, Infrastructure, Partnership, Sovereignty	<ul style="list-style-type: none"> • Inform decision makers that IHS is not an insurance plan. • Define an IHS benefit package comparable w/ other systems. • Improve IHS ability to identify costs and project future costs under different scenarios. • Quantify health outcomes. Better identify indicators of healthcare processes (when outcomes are difficult to measure). • Analyze needs, potential resources & impact of U.S. health care reform for different segments of AI/AN population - the uninsured, insured, and not covered by CHS. Collaborate w/ other groups that have similar challenges. • Emphasize unique aspects of AI/AN health - sovereignty, treaty obligations, remote locations, sovereign nations, treaty obligations, remote locations, increased disease burden, multi-generational trauma. • Better align the priorities and processes within IHS to be responsive to mandates and incentives of U.S. Healthcare Reform plan. • Highlight and promote strengths of IHS -- E H R, telemedicine and primary care and (other) areas identified in U.S. Healthcare Reform discussions.
HQ/Area Office	Chronic, Medications, Efficiency, Workforce	<ul style="list-style-type: none"> • Engage all professions in redesigning processes to support mission. • Transition 80% of IHS clinical pharmacists into the full-time provision of chronic disease management; should yield a 40% increase in the available providers to the health system. • Meet current dispensing workloads by increasing system efficiencies and the use of current technologies. 1) Provide adequate recognition, compensation for pharmacist cognitive/clinical services to increase health revenues, access to and quality of care. 2) Publish an ideal practice model to guide Indian Health System pharmacists to establish efficient, safe, and patient-centered pharmacy programs that integrate pharmacists more fully into the facility's clinical activities. 3) Integrate pharmacists into the Chronic Care Model/Innovations in Planned Care activities. 4) Improve efficiency of the dispensing process.
IHS Site - Clinical	Workforce	<ul style="list-style-type: none"> • Revisit human resources policies. Removal of poor performing employees with Indian Preference is difficult.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
IHS Site - Clinical	Chronic, Lifestyle, Rural, Youth, Prevention, Partnership	<ul style="list-style-type: none"> • Increase diabetes education: Hire full-time certified diabetes educators. • Increase resources/partnerships to expand community education efforts for preventing obesity & type 2 diabetes. • Work to improve school menus & WIC food, focusing on reducing fat and refined carbohydrates. • Promote exercise in schools & communities. • Encourage breastfeeding. • Increase availability of affordable fresh fruits/vegetables in remote communities.
IHS Site - Clinical	CHS, Extended (den, vis, etc), Other Sources, Workforce, Authorities	<ul style="list-style-type: none"> • Expand CHSDAs • Authorize outside source income • Accredite international schools for dentists
Tribe/Tribal Org	Defined Benefits, IHS Eligibility, Public Health, Traditional, Funding, Other Sources, Partnership, Training, Authorities, Sovereignty, Tribes	<ul style="list-style-type: none"> • Retain federal/tribal trust relationship, authority to determine tribal membership. • Funding based on tribe's level of need, tribal-specific needs and priorities, and tribal health departments' need. • Remove payer of last resort clause from all legislation, rules, regulations and guidelines. • Provide for 1) tribal consultation with all federal health agencies and with OMB, 2) waiver and reimbursement to Indian health care rescissions to the budget for Indian Country, 3) training/technical assistance on tribal tax exempt bonds for joint venturing, facilities, 4) same access to/eligibility as States for federal grants listed on Grants.gov, 5) training for tribal health departments on project management, skills acquisition, and certification/ • Credentialing; third party eligibility/certification/billing; health department standards/certification; 6) equitable distributions for State health block grants directly to Tribes or provide Tribal health block grants. • Ensure 1) IHCIF passage, 2) compliance to Tribal, Area IRBs, 3) tribal ownership is retained of all research/data, 4) protection/advocacy for tribal participants in research projects, 4) HHS Civil Rights Office protects tribes, tribal governments, and tribal citizens, 5) tribal governments gain equal access as States and county governments (see 20 sub bullets in Respondent Comment section), 6) sovereignty by consulting with Tribally elected leaders; not "representative" Indians. • Exempt Tribes from penalties - mandatory insurance requirements and tribal members from employer or individual mandate penalties. • Develop patient bill of rights and beneficiary package of services for Indian patients. • Increase Indian enrollment in M/M, SCHIP but only as secondary to treaty obligations for health care.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
		<ul style="list-style-type: none"> Emphasize need for services to large, land-based federal recognized tribes.
Tribe/Tribal Org	Behavior, Lifestyle, Defined Benefits, IHS Eligibility, CHS, Prevention, Primary Care, Public Health, Traditional, Costs, Expansion, Funding, Other Sources, Organization, Partnership, Training, Workforce, Authorities, Entitlement, Sovereignty	<ul style="list-style-type: none"> Reorganize IHS Area based on Tribes with greatest land base. Remove all references to "I/T/U" from all legislation, regulations because it undermines meaningful Tribal consultation. Fund IHS and tribal partners based on need with priority at reservation level. Fund strategic planning with full tribal leaders/communities consultation and shift IHS from crisis management to total quality of care on reservations. IHS be the Agency of Primary Health Care Services with need-based funding; other coverage's be secondary, supplemental sources. Exempt Indians from premiums, co-pays, deductibles where Federal programs are accessed by eligible individuals. Provide tribal employees' health coverage same mechanism/funding as tribal members, incentives and invest in workforce development. Address health care workers shortages/retention issues. Address promising, best practices specific to Indian communities/patient populations. Address early diagnosis/treatment, long term care, and catastrophic health care as a Funded Health Services Priority(s). Provide 1) continuum of care for Indians addicted to alcohol, meth, and prescription drugs and 2) assessment/review of health facilities for IHS and Tribal health departments. Tribal governments, and designated agents, determine all research on Tribe. Provide funding for Institutional Review Boards at Tribal and Area levels. Tribal ownership of research. Tribal providers on reservations have internet infrastructure/program/ and health information technology same as States and private sector health providers. Develop, and fund based on need, a universal plan for sustainability for Indian health care. Ensure safety net of health services for all Indians and historical practices of Federal Government. Provide supplemental funding for Indian health care priorities (see 22 sub bullets of last bullet in Respondent Comment section).
Tribal/Tribal Organization Site-clinic	Urban	<ul style="list-style-type: none"> Support Urban Indian Health Programs
Other	Costs	<ul style="list-style-type: none"> Standardize equipment and laboratory functions to drive down acquisition costs.

SUMMARY OF COMMENTS APPLICABLE TO IHS REFORMS

Location	Key Words	Summary of Key Points
Tribal/Tribal Organization Site-clinic	Expansion, Authorities, Urban	<ul style="list-style-type: none"> • Convert to be vacated Denver VA Medical Center to an IHS Rocky Mountain Regional Medical Center to serve surrounding reservations.
Tribal/Tribal Organization Site-clinic	IHS Eligibility, Funding, Expansion, Urban, Authorities	<ul style="list-style-type: none"> • Seeks to begin collective dialogue on IHS reform that supports Urban Indian health organizations, addresses the scope of Title V contracts, and minimizes the impact of State budget cuts in California.
Tribe/Tribal Org	Private Coverage, CHS, Limits, Extended (den, vis, etc), Limitations, Tribes	<ul style="list-style-type: none"> • Transition of Shoshone-Bannock IHS to Contract Health in 2000-2001 turned into a disaster. • IHS started to rely on individual health insurance and denying elder's adequate health care because they didn't have other health insurance.
IHS Site - Clinical	Chronic, Defined Benefits, IHS Eligibility, Funding, Other Sources, Efficiency, Waste, Infrastructure, Authorities	<ul style="list-style-type: none"> • HCR may expand AI/AN enrollment in Medicaid and CHIP • HCR has not yet specified a standard benefits package (inc. Medicaid) • Deem IHS "51st state" for Medicaid purposes with standard benefits for all • Full IHS participation in any "health insurance exchanges" • Include Tort reform • Need system-wide "global payment" system • Analyze any impacts on collections • Define uniform system-wide benefits package • Model transparency and reporting on Section 330 of CHCs • patient centered coordinated care in an efficient manner is critical to our future (chronic care initiative model) • Expand Infrastructure, telehealth, and EHR