



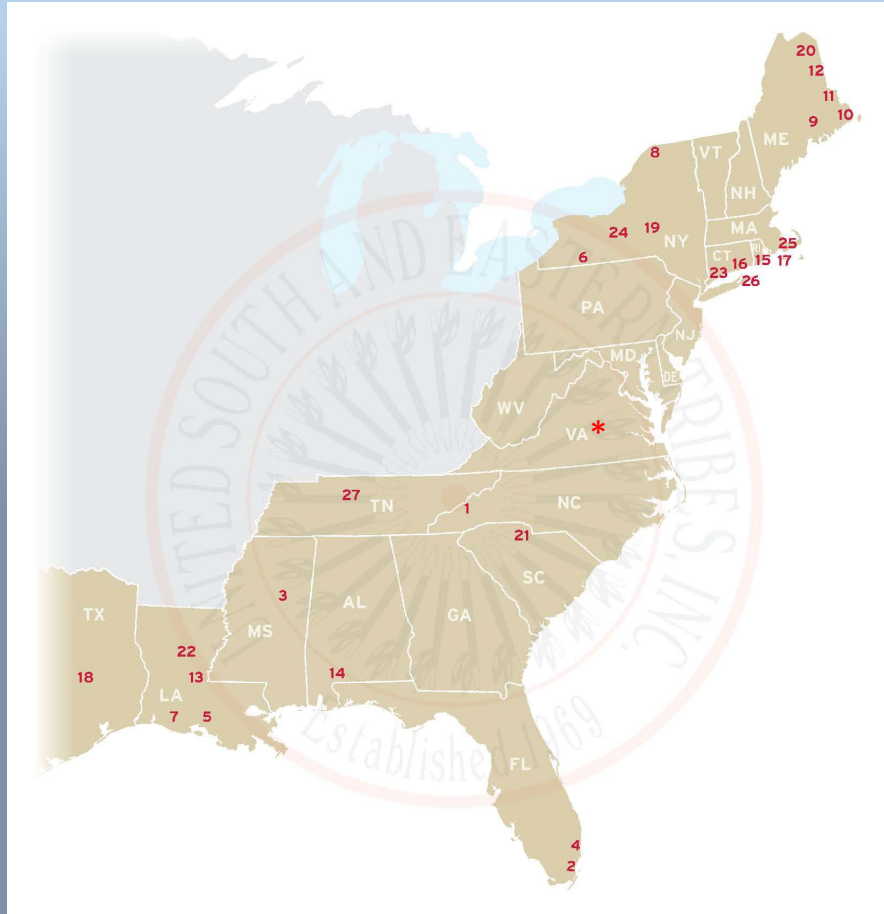
Nashville Area 2021 Budget Recommendations

Presented by: Edie Tullis Baker, Poarch Creek Indians
Dee Sabattus, United South and Eastern Tribes





Nashville Area Information



- 22 Tribally Operated Facilities
 - 9 Compacting
 - 13 Contracting
 - 3 Contract Health Operations
 - 4 Direct Service Facilities
 - 2 Urban Indian Health Program
 - Servicing Baltimore and Boston
 - New York Urban Center
 - 1 Youth Regional Treatment Center
 - 1 Tribally Operated Adult Treatment Center
 - * Six (6) newly recognized Tribal Nations in VA
- Servicing: 60,000 American Indian and Alaska Natives*

Area Statistics:

- Diabetes Prevalence Rate: 22%
- Leading Cause of Death: Major Heart Disease with Cancer, Injuries and Diabetes following close behind.
- Average Age of Death: 60 which is far below the U.S. all races age of 72.





Nashville Area Budget Formulation Meeting



Kickoff Meeting held on October 10, 2018

- 16 Tribal Nations in Attendance
- FY 2021 Team Members:
 - Edie Baker, Poarch Band of Creek Indians (Title V)
 - Theresa Cochran, Aroostook Band of Micmac Indians (DST)
 - Paula Manuel, Coushatta Tribe of Louisiana (Title I)
 - Kerry Lessard, Baltimore American Indian Center (Urban)
 - Dee Sabattus, United South and Eastern Tribes
 - Kitcki Carroll, United South and Eastern Tribes
 - Keith Neves, Indian Health Service Nashville Area Office
 - Catherine Willis, Indian Health Service Nashville Area Office
 - Conny York, Indian Health Service Nashville Area Office
 - Mark Skinner, Indian Health Service Nashville Area Office
 - Ashley Metcalf, Indian Health Service Nashville Area Office



FY 2021 National Budget Recommendations

- **Priority 1: Hospitals & Clinics \$456.8M, \$553.0M, \$583.7M**
 - *Funding for essential personal health services and community health initiatives*
- **Priority 2: Purchased and Referred Care \$539.9M, \$629.9M, \$689.9M**
 - *Funding for specialty services, treatment and care for injuries, heart disease, cancer, etc.*
- **Priority 3: Alcohol/Substance Abuse & Mental Health \$373.7M, \$436.0M, \$477.6M**
 - *Funding for Opioid Crisis/Substance Abuse Rehabilitation and Aftercare, mental health disorders, suicide and behavior-related chronic diseases*
- **Priority 4: Health IT Advancements \$373.7M, \$436.0M, \$477.6M**
 - *Funding for RPMS and VistA improvements and support*
- **Priority 5: Health Education \$249.1M, \$290.7M, \$318.4M**
 - *Funding for health promotion and education aimed at reducing smoking, obesity, etc.*

(Figures Based upon +35%, +42%, +46%)



FY 2021 National Budget Recommendations



- **Hot Topic 1: Funding Obligation for 105 (I) Lease Agreements-** Nashville Area Tribal Nations believe that funding for 105(I) lease agreements should be funded similar to Contract Support Costs, as a separate appropriation account with an indefinite amount- “such sums as may be necessary.”
- **Hot Topic 2: Funding for Aftercare and Housing Programs-** Tribal Nations have recommended additional recurring funding opportunities to support aftercare services.
- **Hot Topic 3: Funding to reduce the Hepatitis C Influx-** Advocate for additional funding to support Hepatitis C prevention programs, promote and provide access to testing, facilitate access to care and comprehensive care management, and to support those Tribal citizens living with Hepatitis C.
- **Hot Topic 4: Continued Funding for CHR Programs –** Additional funding is needed to sustain and expand the current CHR program. CHRs are a vital resource for the communities and healthcare facilities within the Nashville Area.
- **Hot Topic 5: Constitutionality Challenges-**Indian Country must remain vigilant and continue to challenge and oppose any efforts within the federal government—executive, legislative, and judicial—that seek to undermine the constitutionality of our relationship. The federal government, including CMS, has ample legal authority to provide AI/ANs with accommodations in administering federal programs due to the unique federal trust responsibility to Indians. Even in the absence of statute, CMS has made regulatory accommodations for AI/ANs. For example, HHS regulations implementing Title VI of the Civil Rights Act recognize and implement this principle with respect to the Indian Health System (45 C.F.R. § 80.3(d)).