



Indian Health Service
HHS Regions 6 & 7 Tribal Consultation
April 22, 2010

HHS Welcome Remarks

by

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Good morning! My name is Dr. Yvette Roubideaux, and I am the Director of the Indian Health Service. On behalf of the Department of Health and Human Services (HHS) and Secretary Sebelius, I am honored to welcome you to the HHS Region 6 and 7 Tribal Consultation.

The purpose of this session, as outlined in the Secretary's Dear Tribal Leader letter dated February 18, 2010, is to discuss how the Department can continue to improve our outreach and coordination with tribes, with a focus on three topics for in-depth discussion:

- The HHS Tribal Consultation Policy,
- The format for regional consultation,
- Agency consultation policies, and
- HHS Tribal Advisory Committees.

Secretary Sebelius has stated that she takes her responsibility for tribal consultation very seriously. HHS has been a leader in this area—we've had a departmental plan on tribal consultation and coordination since 1997.

Earlier this year, HHS submitted a detailed consultation plan that is in full compliance with President Obama's November 5, 2009, memorandum on tribal consultation. HHS' plan enhances its communication and consultation responsibilities by working on establishing a Secretary's Tribal Advisory Committee for the Department. This is the first time a cabinet-level agency has done this.

And Secretary Sebelius has met with tribal leaders on several occasions, including at the National Indian Health Board Annual Consumer Conference, the National Congress of American

The text is the basis of Dr. Roubideaux's oral remarks at the U.S. Department of Health and Human Services Regions 6 & 7 Tribal Consultation on April 22, 2010 in Albuquerque, N.M.. It should be used with the understanding that some material may have been added or omitted during presentation.

Indians meeting, the annual HHS Tribal Budget Consultation, and the White House Tribal Nations conference. And she held a tribal listening session last fall.

Secretary Sebelius has said that “consultation with tribal governments is important, not just because the President told us to do it, but because we genuinely want to improve life in Indian communities, and because we know that improving our communication and partnership with tribes is essential to that effort.”

All of us in the Department of Health and Human Services look forward to working with you as we continue to improve our partnership and build healthier Indian communities. Thank you so much for attending the session today. I am grateful for your commitment to improving health for our people.

At the conclusion of the regional consultation sessions, HHS will convene a tribal-federal workgroup that will review your input and develop a strategy for improving the HHS tribal consultation policy.

I would like to make a few other comments and give you some updates today. I have been the Director of the Indian Health Service now for 11 months, and I am grateful for so many things. I am grateful for our current fiscal year (FY) 2010 budget, which includes one of the largest increases in the IHS budget in over 20 years. And the President recently proposed a 9 percent increase in the IHS budget for FY 2011, which is the largest proposed increase of all operating divisions in HHS, and indicates the President and Secretary Sebelius’ strong support for improving Indian health.

And I am grateful for the American Recovery and Reinvestment Act funding that is providing much needed construction, maintenance and improvement, sanitation facilities, and equipment for our communities.

The FY 2011 proposed budget also provides an additional \$6 million for the Substance Abuse and Mental Health Services Administration (SAMHSA) for suicide prevention programs. With this level of increase, SAMHSA could fund twice as many tribes as it does today. Just last Friday HHS and the Centers for Medicare and Medicaid announced that 41 grants totaling \$10 million are being given to tribes and tribal organizations and urban Indian organizations to boost the enrollment of American Indian and Alaska Native children in state Medicaid and the Children’s Health Insurance Programs. Tribes and Indian organizations are benefiting from a number of grant and funding opportunities in HHS.

I am also grateful that last month, Congress passed health insurance reform, because it will improve the quality of health care and make it more accessible and affordable for all Americans, including our First Americans. Health reform means that American Indians and Alaska Natives will have more choices – to use the IHS if they are eligible, to purchase more affordable healthcare coverage, and/or to better access coverage through other sources such as Medicare and Medicaid. Tribes and our Indian health facilities also stand to benefit from more affordable options and reduced costs.

I am also grateful that the new health reform law includes the long-awaited reauthorization of the Indian Health Care Improvement Act (IHCIA), the main piece of legislation that authorizes what we do in the IHS. This means, after 10 long years of hard work by many, including many of you in this audience, the IHCIA is finally permanently reauthorized! This is a major victory for Indian Country. This bill modernizes and updates the IHS and authorizes Congress to provide more funding for the IHS.

We are getting many questions on what we plan to do to implement the numerous provisions in the health reform law and the reauthorization of the IHCIA. As you can imagine, implementation will be a complex undertaking. HHS is taking the lead on health reform implementation, and IHS is working closely with HHS to review every provision in the law that relates to Indian country and is quickly assessing next steps and timelines for implementation. We also want to make sure that we consult with tribes on the implementation process over the coming weeks, months, and years. We know that everyone is anxious for information, and we will work quickly and carefully to ensure that you have clear and accurate information.

I would also like to just mention that we are making progress on IHS' priorities. In terms of renewing and strengthening our partnership with tribes, thank you for your input on our IHS consultation process. I have visited eight IHS Areas so far, and hope to see some of you next week for our IHS Albuquerque Area consultation.

In terms of bringing reform to the IHS, we are continuing work on top tribal and staff priorities, including the Contract Health Services Program. I plan to convene the workgroup of 2 representatives from each Area in June, and will hold a listening session and best practices meeting on Contract Health Services some time in July.

In terms of improving the quality of and access to care, I am starting to see our staff work to improve customer service, and plan to consult with tribes soon on ideas for improving the quality of care.

In terms of making all our work transparent, accountable, fair, and inclusive, I encourage you to visit our website and my Director's Blog for up-to-date information and announcements.

So we are making progress as we work to change and improve the IHS.

While I am tempted to share more about what we are doing with IHS, it is important to remember that this is the HHS consultation, which includes many other operating divisions and agencies. Today, I encourage you to provide comments about all of HHS.

Again, thank you so much for attending this session today. I am honored by your participation and look forward to renewing and strengthening our partnership as we work together to improve the health of our people. Thank you.