

Director's Workgroup on Facilities Appropriation Advisory Board (FAAB)



California Representatives

Primary Tribal Representative

Peter Masten Jr., Chairperson

K'ima:w Medical Center

Hoop Valley Tribe

Alternate Tribal Representative

John Green, Tribal Council Member

Elk Valley Rancheria

Primary Technical Representative

Paul Frazier, Director

Division of Health Facilities Engineering

California Area Indian Health Service

Indian Health Care Improvement Reauthorization & Extension Act

- Original FAAB – Established in 1997
- IHCIA Reauthorization - Signed into law on March 23, 2010
- Re-Established FAAB - 2013
- Support by Tribes, National Organizations, and Others
 - National Congress of American Indians
 - National Indian Health Board
 - Self Governance Tribal Organizations
 - Tribal Governments
 - Tribal Health Programs

MEETINGS

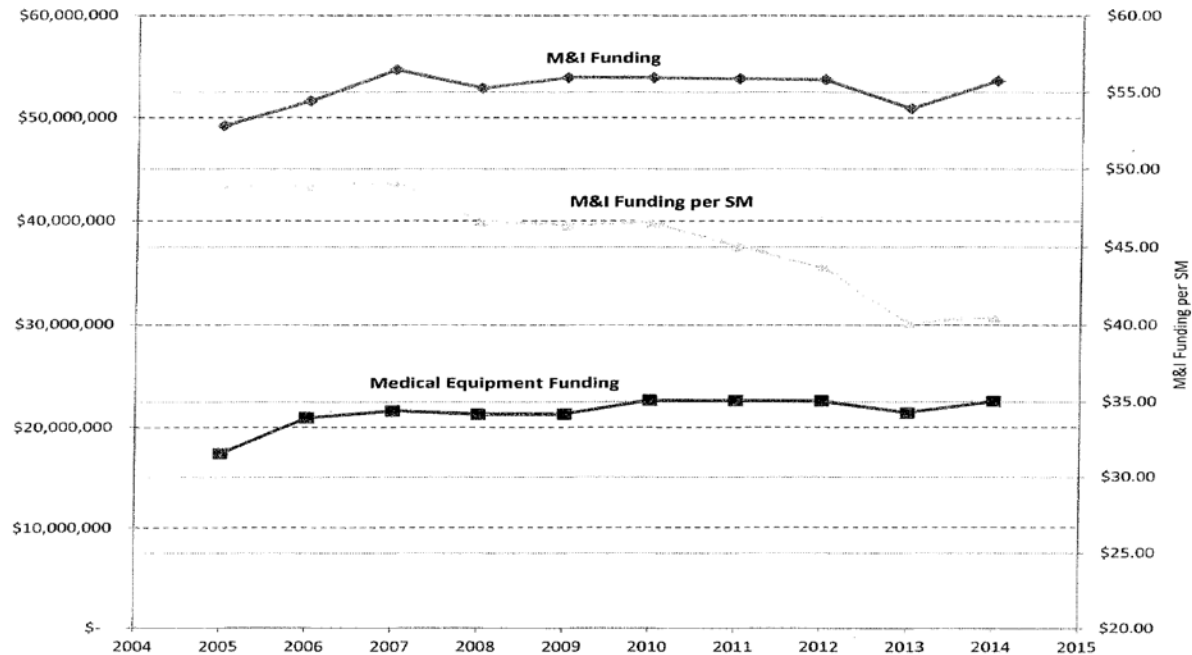
- **March 2014 Meeting – Rockville, MD**
 - Result of IHS Director re-establishing FAAB in answer to tribal recommendations
 - No quorum due to weather
- **April 2014 – Seattle, WA**
 - Board Officers elected
 - Chairperson – Dr. Charles Grim
 - Vice Chair – Lincoln Bean
- **July 2014 Meeting – Albuquerque, NM**
 - DRAFT Charter
 - Alternate Member Designation
 - Technical Member Designation
 - Healthcare Facilities Construction Priority System (HFCPS)
 - Support Previous Listings
 - Discussion to Add “Renovation and Expansion Priority System”

- November 2014 Meeting – Sacramento, CA
 - DRAFT Charter Approved
 - FAAB to conduct itself according to draft charter
 - Forwarded to IHS Director for review
 - Maintenance & Improvement (M&I) Budget
 - Support Letter to National Budget Formulation Group to increase FY2017 M&I funding

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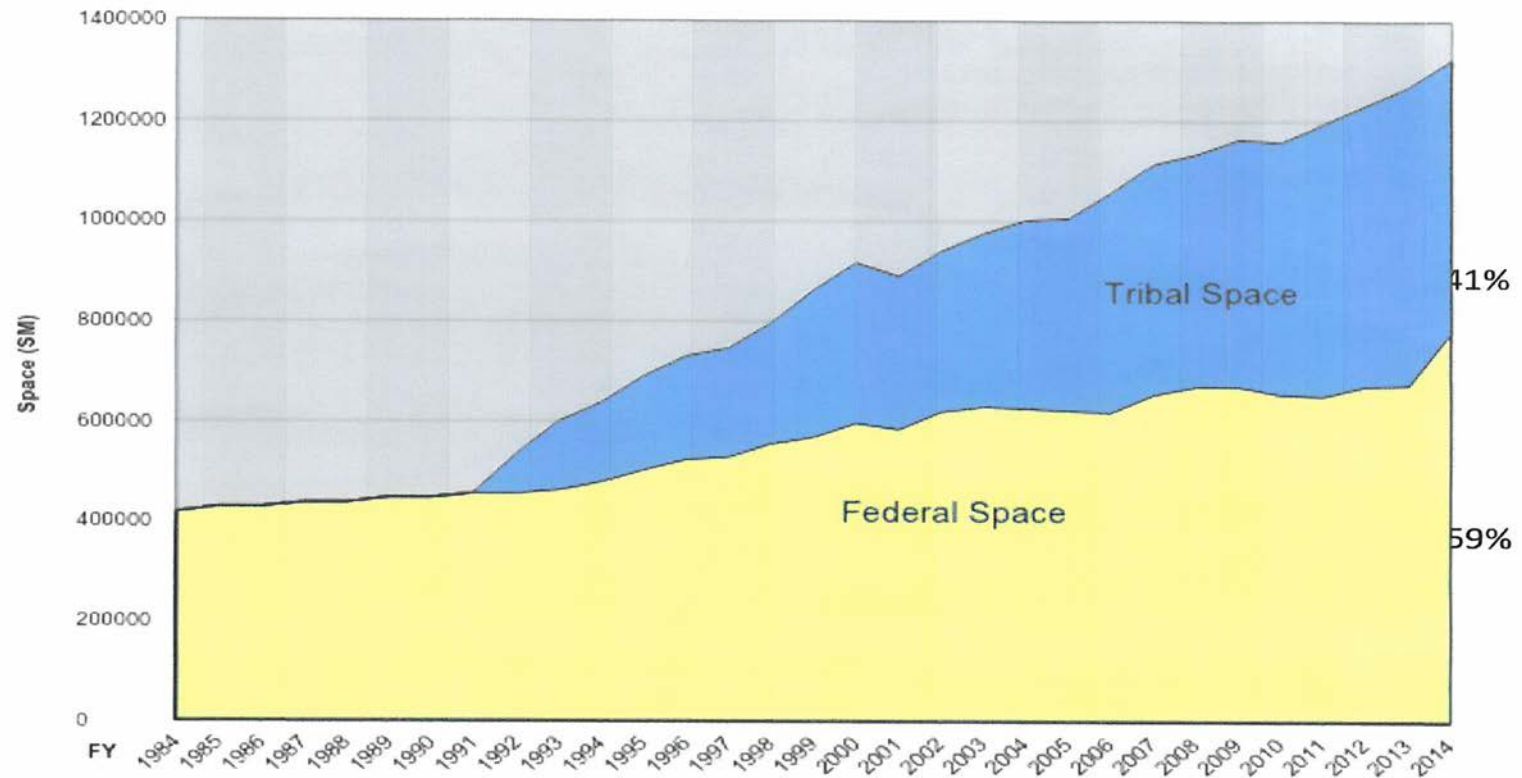
See Next Slides

M&I-E Funding Levels



Discussion Point 1: Annual M&I funding levels have not significantly increased from 2004 to 2014

Federal-Tribal Supported Space



Discussion Point 2: Both federal space and particularly tribal space have increased since early 1990's

- Next meeting tentatively scheduled for week of March 30, 2015

Indian Health Care Improvement Reauthorization & Extension Act

- **Section 141-Health Care Facility Priority System {25 U.S.C. § 1631(c)}** amends current law by directing the Secretary to maintain a facilities priority system and sets certain requirements for the priority system. Amends requirements for a new report describing the comprehensive, national, ranked list of all health care facilities.

Indian Health Care Improvement Reauthorization & Extension Act

- **Section 142-Priority of Certain Projects**
Protected{25 U.S.C. § 1631(g)} stipulates the priority status of projects on the facilities construction priority list on the date of enactment (March 23, 2010) is not affected by any changes made to the priority system thereafter.
 - The provision is operative. Priority of projects already on the construction priority list is preserved.

Indian Health Care Improvement Reauthorization & Extension Act

- Section 142-Priority of Certain Projects Protected{25 U.S.C. § 1631(g)} - CONTINUED

Current INPATIENT priority list dated April 2014 includes:

- PIMC Health System, AZ
 - PIMC Southeast
 - PIMC Northeast
 - PIMC Central Hospital
- Whiteriver, AZ
- Gallup, NM

Indian Health Care Improvement Reauthorization & Extension Act

- Section 142-Priority of Certain Projects Protected{25 U.S.C. § 1631(g)} – CONTINUED

Current OUTPATIENT priority list dated April 2014 includes:

- Ft. Yuma, AZ
- Kayenta, AZ
- San Carlos, AZ
- Rapid City, CA
- Winslow-Dilcon, AZ
- Alamo Navajo, NM
- Pueblo Pintado, NM
- Bodaway-Coppermine, AZ
- Albuquerque West, NM
- Albuquerque Central, NM
- Sells, AZ

Indian Health Care Improvement Reauthorization & Extension Act

- **Section 142-Priority of Certain Projects Protected{25 U.S.C. § 1631(g)} - CONTINUED**

Current Youth Regional Treatment Centers priority list dated April 2014 includes:

- **Southern California Youth Regional Treatment Center**
- **Northern California Youth Regional Treatment Center**

Indian Health Care Improvement Reauthorization & Extension Act

- **Section 143-Indian Health Care Delivery Demonstration Projects {25 U.S.C. § 1637}** authorizes the Secretary to carry out or enter into contracts or compacts with Tribes and Tribal Organizations pursuant to ISDEAA to test new models/means of health care delivery. Permits the use of other Federal funds, third party collections, and non- Federal funds to support these programs.

Indian Health Care Improvement Reauthorization & Extension Act

- **Section 161-Facilities Renovation {25 U.S.C. § 1659} Title V, urban Indian organizations are authorized to receive funding from IHS for minor renovations and to construct or expand urban Indian health facilities.**

OTHER TOPICS

- **Renovation and Expansion Priority System-**
Current new construction priority system
backlogged with waiting list. (note Sec. 142, projects
already on construction priority list is preserved)
- **Small Ambulatory Grants Program (SAP)**
- **Joint Venture Construction Program (JVCP)**
 - 37 initial pre-applicants
 - 13 were selected for final application
 - Top 7 applicants selected to move forward, and the
remaining 6 applicants will be considered as alternates
in the event that circumstances change and impact the
final execution of a JVCP agreement.