FY 2022 Indian Health Service
Budget Recommendations from

Nashville Area

Presented by: Edie Tullis Baker, Poarch Creek Indians
Dee Sabattus, United South and Eastern Tribes
Kerry Lessard, Native American LifeLines
Summary of Nashville Area and Demographic Information

23 Tribally Operated Facilities
   ➢ 9 Compacting
   ➢ 14 Contracting

4 Contract Health Operations

3 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: 80,000 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 Team

Kickoff Meeting held via teleconference on October 28, 2019

- 16 Tribal Nations provided input
- FY 2022 Team Members:
  - Edie Baker, Poarch Band of Creek Indians (Title V)
  - Tonya Cornwell, Catawba Service Unit (DST)
  - Paula Manuel, Coushatta Tribe of Louisiana (Title I)
  - Kerry Lessard, Native American LifeLines (Urban)
  - Dee Sabattus, United South and Eastern Tribes
  - 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
Summary of Funding Priorities

• Priority 1: Hospitals & Clinics $569.8M
  • Funding for essential personal health services and community health initiatives

• Priority 2: Purchased and Referred Care $561.0M
  • Funding for specialty services, treatment and care for injuries, heart disease, cancer, etc.

• Priority 3: Alcohol/Substance Abuse $463.8M
  • Funding for Opioid Crisis/Substance Abuse Rehabilitation and Aftercare, mental health disorders, suicide and behavior-related chronic diseases

• Priority 4: Mental Health $446.1M
  • Funding for staffing and treatment initiatives

• Priority 5: Dental Health $375.4M
  • Funding for increasing the workforce, improving efficiency of programs, and prioritizing oral health

• Priority 6: Electronic Health Record System $373.7M
  • Funding for new electronic health record system and/or modernization of existing

(Figures Based upon +30% over the FY2021 levels)
FY 2022 Nashville Area National Budget Recommendation

Hot Topics

- **Hot Topic 1:** Funding Obligation for 105 (l) Lease Agreements - Nashville Area Tribal Nations believe that funding for 105(l) 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)).
Hot Topic 6: *Special Diabetes Program for Indians*: Tribal Nation support reauthorization at an increased level to accommodate for new I/T/U grantees. Nashville Area Tribes request a separate funding opportunity eligible only to Tribes with recent federal recognition that would allow them to plan for establishing an SDPI program.

Hot Topic 7: *Modernizing Health Information Technology*: Tribal Nations have recommended additional recurring funding to support HIT advancements.

Hot Topic 8: *Expand Group Payor Authorities for ITUs when Sponsoring Health Care Plans*: Nashville Area Tribal Nations request that IHS support initiatives that would give parity to ITUs for group payor authorities where needed.
FY 2022 Nashville Area Standing Area Priorities

- Increases to Urban Indian Health Programs
- Advanced Appropriations
- New Tribes Funding