



DEC 7 2010

Indian Health Service
Rockville MD 20852

Dear Tribal Leader:

This letter is the second in a series of updates to you on activities that the Indian Health Service (IHS) is undertaking to deliver the benefits made possible by the **Indian Health Care Improvement Reauthorization and Extension Act of 2009, which amended the Indian Health Care Improvement Act (IHCIA), and was included in the Affordable Care Act.** The IHCIA provides authorities that assist the IHS and Tribes to advance our shared goal for improving the health of American Indian and Alaska Native people.

In my July 22 letter to Tribal leaders on IHCIA implementation, I identified some provisions that require minimal actions to implement. In this letter, I identify additional provisions that, when implemented, will benefit patients served by IHS, Tribal, and urban Indian health programs as specified in the law.

In the summaries that follow, the IHCIA section is cited and described briefly with the action the IHS is undertaking toward completing implementation:

Sec. 128, Cancer Screenings, authorizes other types of cancer screenings, in addition to mammography, for American Indian and Alaska Native women served by the IHS. Staff are developing educational materials to update Tribes on cancer screening efforts.

Sec. 130, Epidemiology Centers, continues the authority for operation and funding of Tribal Epidemiology Centers (TECs), and gives them status as public health authorities for the purposes of the Health Insurance Portability and Accountability Act of 1996. This will facilitate data access from organizations external to the IHS. The IHS is developing a draft standardized template for routine data sharing with TECs, and will send it to Tribal leaders for comment in the coming weeks.

Sec. 132, American Indians into Psychology Program, authorizes grants of not more than \$300,000 to each of nine colleges and universities for Indian psychology career recruitment programs to encourage Indians to enter the behavioral health field. Three 4-year grants were awarded with fiscal year 2010 funds to Oklahoma State University, the University of Montana, and the University of North Dakota for the Indians into Psychology Program. Consideration will be given to extend to an additional six sites contingent on the availability of funds.

Sec. 133, Prevention, Control, and Elimination of Communicable and Infectious Diseases, expands the definition from tuberculosis to include other communicable and infectious diseases, encourages entities funded under this section to coordinate with the Centers for Disease Control and Prevention (CDC), State, and local health agencies, and eliminates provisions of current law which would reduce the grant amount for expenses incurred by the Federal government or for supplies or equipment furnished to the grant recipient. Indian Tribes and Tribal organizations

are eligible to apply for these CDC grants. The IHS will continue to work with the CDC to advocate for Tribes to qualify for these grants.

Sec. 134, Methods to Increase Clinician Recruitment and Retention Issues, exempts a health care professional employed by a tribally operated health program from State licensing requirements if the professional is licensed in any State, as is the case with IHS health care professionals. This section encourages health professionals, including those currently eligible for scholarship and stipends under IHCIA, and community health representatives and emergency medical technicians, to join or continue in an Indian health program and to provide services in rural/remote areas in which a significant portion of Indians reside. The clarification of current law provides programs or allowances to support licensing and other qualifying credentials for identified healthcare students, trainees, and professionals. The law further clarifies the role of community colleges as an important part of building the healthcare workforce. IHS and tribally administered programs will continue to provide for continuing education and other allowances per local discretion. We will work with tribes to ensure a clear understanding of the opportunities the changes afford to help build a quality healthcare workforce for Indian country.

Sec. 154, Sharing Arrangements with Federal Agencies, authorizes sharing of medical facilities and services between the IHS, Tribes, and Tribal organizations and the Department of Veterans Affairs (VA) and Department of Defense. We will consult with Tribes on this provision in the near future.

Sec. 155, Eligible Indian Veteran Services, establishes procedures to facilitate the provision of health services to eligible Indian veterans by IHS and VA. We will consult with Tribes on this provision in the near future.

Sec. 193, Methods to Increase Access to Professionals of Certain Corps, facilitates access to National Health Service Corps (NHSC) personnel by Indian health programs and allows their services to be limited to individuals who are eligible for services from that Indian health program. The Health Resources and Services Administration (HRSA) and the IHS are working collaboratively to develop instructions for participation of NHSC personnel in Indian health programs. We have also been working with HRSA to ensure that Tribal programs are eligible to be designated as NHSC placement sites.

I remain committed to effective and meaningful consultation with Tribes to fully implement this important legislation as soon as possible. In a letter to Tribal leaders on May 12, HHS and IHS initiated a formal consultation to ensure a strong partnership during implementation and requested your input on the consultation process and on priorities for implementation. Both this letter and the July 22 letter are posted at http://www.ihs.gov/PublicAffairs/DirCorner/index.cfm?module=tc_tribal_letters. If you have not provided input, I encourage you to do so in writing or by e-mail to consultation@ihs.gov.

Page 3 – Tribal Leader

Your input is always welcome. Your comments will support our consultation efforts and move us toward timely and inclusive implementation of the IHCIA.

We are continuing our progress on implementation activities, and I will continue to update you as progress is made on implementation of the IHCIA.

Sincerely,

/Yvette Roubideaux/

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