

Indian Health Service All Tribes and Urban Organizations Call

RADM MICHAEL D. WEAHKEE
ACTING DIRECTOR



Welcome



- Rear Admiral Michael D. Weahkee
Acting Director, Indian Health Service



Recent meetings

- Tribal Self-Governance Annual Conference
- Direct Service Tribes Advisory Committee quarterly meeting
- Secretary's Tribal Advisory Committee



Tribal Self-Governance Annual Conference in Albuquerque



Direct Service Tribes Advisory Committee quarterly meeting in Albuquerque

HHS Priorities

- Transforming the nation's healthcare system to a value-based system
 - giving patients greater control over health information through health IT
 - IHS is a leader in Health IT
 - Indian Health Service Personal Health Record
 - access health information
 - track medications and lab results
 - contact health care provider
 - and much more - all from the privacy of a personal computer or mobile device
 - <https://phr.ihs.gov/phr/PHRLogin>



HHS Priorities

- Alternative models to drive value and quality
 - Match organization and delivery of care with the health needs of the community
 - Ambulatory care centers with 24/7 urgent care
 - Critical Access Hospitals
 - Current IHS federal CAHs
 - Hopi Health Center
 - Parker Indian Hospital
 - Cass Lake Indian Hospital
 - Fort Belknap Health Care Center
 - Crow/Northern Cheyenne Indian Hospital
 - <https://www.ihs.gov/newsroom/factsheets/critical-access-hospitals/>





HHS Priorities

- Lowering the costs of prescription drugs
 - “American Patients First” Blueprint
 - The Trump Administration Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs
- <https://www.hhs.gov/sites/default/files/AmericanPatientsFirst.pdf>




HHS Priorities

- Addressing the Opioids Crisis
 - Working closely with SAMHSA regarding \$50 Million for tribal opioid efforts
 - National Women's Health Week Opioid Webinar
 - Tribal Consultation - Opioid Epidemic in American Indian and Alaska Native Communities, May 21-22 in Prior Lake, MN
 - <http://www.cvent.com/events/2018-national-tribal-public-health-summit/custom-113-aa505ecade034327994093068dd43bc1.aspx>



National Institutes of Health
Turning Discovery Into Health



**NIH/IHS/SAMHSA Tribal Consultation / Listening Session
on the Opioid Crisis in Indian Country**

DATES: Monday, May 21 – Tuesday, May 22, 2018

LOCATION: Mystic Lake Center - 2400 Mystic Lake Boulevard, NW, Prior Lake, MN 55372

TIME: 8:45 am - 3:00 pm Central Time

HOSTED BY TIME: U.S. Department of Health & Human Services: National Institutes of Health, Indian Health Service, and Substance Abuse and Mental Health Services Administration

Purpose: To seek your input and discuss ways our agencies are working together to combat the opioid epidemic in Indian Country.

Tribal Consultations

- Distribution of \$150 million for the 2019 Special Diabetes Program for Indians
 - Comments accepted through today
- Contract Support Costs policy, specifically, the section commonly known as the “97/3 Method”
 - Comments accepted through Friday, May 18
- Submit written comments to consultation@ihs.gov



Speakers

- IHS National Tribal Budget Formulation Workgroup on the recommendations for the fiscal year 2020 budget
 - Ann Church, Acting Director, Office of Finance and Accounting





National Tribal Budget Formulation Workgroup's Recommendations for the Fiscal Year 2020 IHS Budget

ALL TRIBES AND URBAN INDIAN ORGANIZATIONS CALL

MAY 14, 2018



Fiscal Year 2020 Budget Recommendations

Partnering to Build a Strong and Sustainable Indian Health System: Honoring Tribal Sovereignty to Fulfill the Federal Trust Responsibility

Tribal Workgroup Co-Chairs:

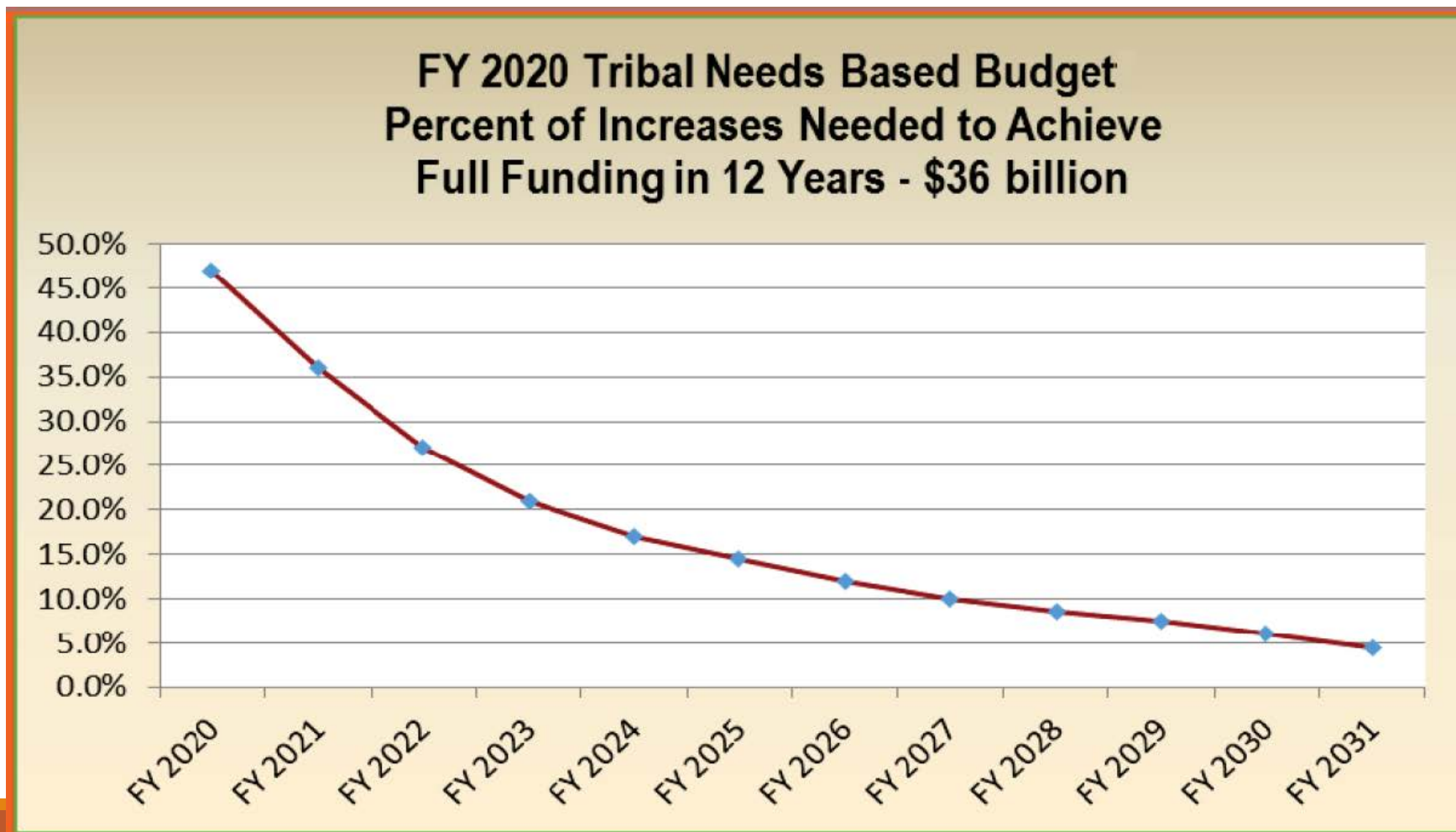
Andy Joseph, Jr.
***Confederated Tribes
of the Colville Reservation***

Bruce Pratt
Pawnee Nation



Victor Joseph
***Tanana Chiefs
Conference***

To Change Outcomes, New Resources *ARE* Required: Recommend Phasing in FULL Funding of IHS of \$36 Billion for Medical Care and Replacing & Modernizing Health System Infrastructure over 12 Years





Tribal Budget Recommendations FY 2020

I. Commit to fully fund IHS at \$36 Billion phased in over 12 years

II. Increase the President's Budget Request to a total of \$7 billion for the IHS in FY 2020 by adding at a minimum:

- **+\$189.1 million for full funding of current services**
- **+\$276.1 million for binding fiscal obligations**
- **+\$1.5 billion for program increases for the most critical health issues (~36% above FY2017 Enacted).**

DEPARTMENT

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Increase 36% over FY2017 IHS Enacted Budget: +\$1.6 Billion (Represents a Request of \$7 Billion for IHS in FY2020)		Recommended:
Fully Fund Current Services		+\$189.1Million
Binding Agreements: <ul style="list-style-type: none">• Health Care Facilities Construction Projects (Planned): +\$83.3M• Staffing Costs for New Facilities (estimate): +\$68.8M• New Tribes (estimate): +\$0		+\$276.1 Million
Contract Support Costs (Estimate):		+\$100 Million
Program Increases (Total): (Services: +\$1.3M & Facilities: +\$220M)		\$1.52 Billion
TOP 15 PRIORITIES FOR PROGRAM EXPANSION:		
Hospital & Clinics	+\$409.0 Million	
Purchased/Referred Care	+\$407.0 Million	
Mental Health	+\$157.2 Million	
Alcohol and Substance Abuse	+\$123.8 Million	
Dental Services	+\$ 98.3 Million	
Health Care Facilities Construction/Other Authorities	+\$ 81.4 Million	
Sanitation Facilities Construction	+\$ 72.5 Million	
Urban Indian Health	+\$ 32.7 Million	
Maintenance & Improvement	+\$ 32.5 Million	
Equipment	+\$ 24.1 Million	
Public Health Nursing	+\$ 21.9 Million	
Health Education	+\$ 20.0 Million	
Community Health Representatives (CHRs)	+\$ 18.9 Million	
Indian Health Professions	+\$ 16.2 Million	
Direct Operations	+\$.6 Million	



III. Support the Preservation of Medicaid, the Indian Health Care Improvement Act and other Indian-specific provisions in the Patient Protection and Affordable Care Act (P.L. 111-48)

IV. Fund Critical Infrastructure Improvements which impact patient care including

- Health IT
- Health Facilities and Construction Funding and Equipment

V. Advocate that Tribes and Tribal programs be permanently exempt from sequestration



VI. Support Advance Appropriations for the Indian Health Service

VII. Allow federally-operated health facilities and IHS headquarters the same flexibility to adjust programmatic funds across accounts to maximize efficiency and effective use of federal dollars at the local level

VIII. Support funding of Tribes outside of a grant-based system



Special Appreciation goes to the National Budget Formulation Workgroup and Technical Team, including the National Indian Health Board and Indian Health Service staff



Special Thanks to Jim Yellowhawk for providing the cover art, a depiction of the Evening Star and "A typical day at the IHS pharmacy"

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