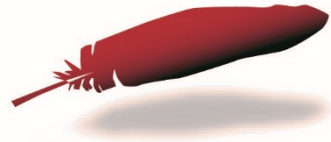


National Indian Health Board



LEGISLATIVE AND POLICY UPDATE DIRECT SERVICE TRIBES ANNUAL CONFERENCE

JULY 11, 2018

Donnie Garcia, Director, Jicarilla Apache
Chairman, Albuquerque Area Indian Health Board
NIHB Board Member (Albuquerque Area)

Behavioral Health Conference

SAVE THE DATE!!



National Indian
Health Board



**2018 AMERICAN INDIAN AND ALASKA NATIVE NATIONAL
BEHAVIORAL HEALTH
CONFERENCE**

*Promoting
Connections
Between Culture
and Purpose*

JULY 25-27

OMNI SHOREHAM HOTEL || WASHINGTON, DC

National Indian
Health Board



35th Annual National Tribal Health Conference

SAVE THE DATE!!



**35th Annual
National Tribal Health Conference**
Tribal Unity to Advance the Promise of Health

Cox Convention Center &
Renaissance Oklahoma City Convention Center Hotel

SAVE THE DATE
September 17-20, 2018

National Indian
Health Board 

Register at www.NIHB.org!

Fiscal Year 2018 Omnibus

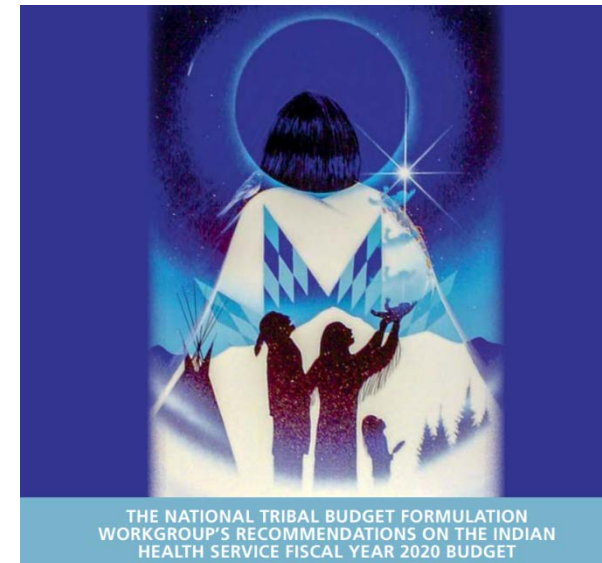
- Signed on March 23, 2018.
- Government funded through September 30, 2018.

NIHB FOUGHT HARD FOR:

- \$50 million to Tribes and Tribal Organizations for Opioids
 - Treatment, reducing unmet need, & reducing overdose related deaths

AND

- \$5 million to Tribes and Tribal Organizations for Opioids
 - Medication-Assisted Treatment Programs
- NIHB Board of Directors Passed Resolution:
 - TRIBAL CONSULTATION ON DISBURSEMENT



April 2018

National Indian
Health Board



\$50 Million Opportunity

Tribal Opioid Response Grants

- Funding Opportunity Announcement (FOA) Information
- FOA Number:
- TI-18-016
- Posted on Grants.gov:
- Thursday, June 21, 2018
- **Application Due Date: Monday, August 20, 2018**
- Catalog of Federal Domestic Assistance (CFDA) Number:
93.788



OMNIBUS FUNDS IHS THROUGH 2018

- \$5.5 billion for IHS which is an increase of just under \$500 million (10%) above the FY 2017 enacted level.
 - \$3.9 billion for services
 - \$867 million for facilities
 - \$718 million for Contract Support Costs.



FY 2019 Appropriations

Labor-HHS Subcommittee

Funding Jurisdiction over US
Department of Health and Human
Services (Non IHS):

- NIHB CEO testified on April 27, 2018
- ASKED: Tribal public health set asides
- ASKED: Increased Funds for Good Health and Wellness in Indian Country
 - **Zeroed out in President's Budget – funded at \$16 million in 2018/**
 - **\$32 Million included for 2019!**

Interior-Environment Subcommittee

Funding Jurisdiction over Interior
and Indian Health Service

- NIHB Chairman Vinton Hawley testified on May 10, 2018.
- Advocated for full funding of IHS as recommended by the Tribal Budget Formulation Workgroup



Fiscal Year 2019- Interior Appropriations

	President's Budget Request	House Interior Appropriations	Tribal Budget Formulation Recommendation	Senate Interior Appropriations
IHS Total	\$5.4 billion	\$5.9 billion	\$6.4 billion	\$5.9 billion
IHS, Hospitals and Clinics	\$2.1 billion	\$2.2 billion	\$2.4 billion	\$2.2 billion
IHS, PRC	\$955 million	\$965 million	\$1.2 billion	\$964.8 million
IHS, Mental Health	\$105.2 million	\$106.8 million	\$207.8 million	\$105.3 million
IHS, Alcohol & Substance Abuse	\$235.3 million	\$238.6 million	\$327.8 million	\$245.6 million
IHS, Dental Health	\$204 million	\$208 million	\$252 million	\$203.8 million
IHS, Facilities	\$505.8 million	\$883 million	\$803 million	\$877.5 million
Contract Support Costs	\$822 million	\$822 million	\$818 million	\$822 million
Urban Indian Health	\$46.4 million	\$60 million	\$67.3 million	\$49.3 million
Community Health Representatives	0	\$63 million	\$92.2 million	\$63 million
Health Education	0	\$20.6 million	\$36 million	\$20.6 million
SDPI, Mandatory or Discretionary?	Discretionary	Mandatory	Mandatory	Mandatory



Opioids—Outlook Moving Forward

- Opioid Crisis Response Act (S. 2680) likely to be Senate's opioids package
- NIHB working to include priorities in amendments as the bill comes to the floor
- Votes likely pushed back until after Supreme Court nominee is confirmed
- House has passed ~60 bills related to opioids
- Most do not have direct Tribal impact
- SUPPORT for Patients and Communities Act (H.R. 6)
- Unclear at this point if the House will take further action without the Senate's input

Congress needs to hear from you about Tribal Priorities!



Medicaid Workforce Requirements

- On January 17th CMS issued a Dear Tribal Leader Letter stating that CMS could not provide an exemption to the Work Requirements for American Indians and Alaska Natives because of Civil Rights concerns
- NIHB invited NCAI and other National Native Organizations to work with Tribal leaders across the nation to evaluate whether this Administration decision was part of a greater strategy and to work together to assert a unified response and strategy to protect Tribal Sovereignty
- On May 7th, CMS updated its position, stating that they would actively consider state proposed accommodations for AI/AN from work requirements on a state by state basis



**HOUSE APPROPRIATIONS COMMITTEE REPORT
LANGUAGE –
CHAIRMAN TOM COLE (CHICKASAW) (R-OK)**

“Tribal Sovereignty.—Federally-recognized Indian Tribes are sovereign nations residing within a State. Moreover, Indian Tribes are political, sovereign entities to which the Federal government owes a trust responsibility... No discretionary action taken by any Administration can impede the direct relationship between the Federal government and the provision of health care for Indian Tribes.”



STATE PUSHBACK: Kentucky

On June 29, 2018, a Federal Judge ruled that workforce requirements as a condition of eligibility “the Kentucky Waiver requiring work or community engagement was not consistent with the objectives of the Medicaid Statutes and remanded the Waiver back to the Administration.

This development will not resolve the matter nationally, but will likely create delay in the Administration’s implementation of Medicaid work requirements.



Legislation Directly Impacting DSTs

SENATE

S.1250 - Restoring Accountability in the Indian Health Service Act of 2017

- Introduced by Senator John Barrasso (R-WY)
- 3 Cosponsors – All Republican
- April 2018, reported out of the Senate Committee on Indian Affairs

HOUSE OF REPRESENTATIVES

H.R.2662 - Restoring Accountability in the Indian Health Service Act of 2017

- Introduced by Representative Kristi Noem (R-SD)
- 8 Cosponsors – All Republican
- Referred to Four House Committees (Natural Resources, Energy and Commerce, Ways and Means, and Oversight and Government Reform)
- Reported out of Subcommittee: Energy and Commerce; Resources



Restoring Accountability in the IHS

**S. 1250 and HR 2662 were introduced as a direct response to the health care crisis in the Great Plains
LARGELY FOCUSES ON STAFFING NEEDS**

PURPOSE:

This bill amends the Indian Health Care Improvement Act to require the Department of Health and Human Services (HHS) to establish a pay system for health care professionals employed by Indian Health Service (IHS) that is competitive with the salary of health care professionals employed by the Veterans Health Administration. HHS may establish incentives related to IHS employee recruitment and retention by providing relocation costs and rental assistance to employees under certain circumstances.

In addition, IHS must:

- centralize its credentialing system for licensed health professionals seeking to provide health care services at its facilities,**
- establishes standards to measure the timeliness of health care services in its facilities,**
- implements an annual mandatory program that provides cultural training for certain IHS employees and contractors, and**
- establish a demonstration project to provide additional staffing resources to understaffed IHS facilities.**



ISSUE ON THE HORIZON



Implementation of
Electronic Health Records
and Building Digital
Infrastructure:

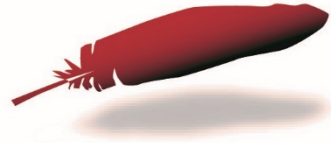
What happens to RPMS?

What do the Tribes need?

What will it cost?



National Indian Health Board



And Finally...Please Join Us For...

**WHAT: THE NIHB TRIBAL HEALTH
DATA SYMPOSIUM**

WHEN: July 26, 2018

**WHERE: Kaiser Family Foundation on Health
Washington, DC**

Thank you!

National Indian
Health Board



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