



National Indian Health Board

# Health Reporter

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## Tribal Leaders Meet in Washington for the White House Tribal Nations Conference



Caption: NIHB Board Member, Vice President Rex Lee Jim meets with President Obama on November 12.

On November 13, 2013, over 300 Tribal leaders from across Indian Country gathered in Washington, DC to meet with President Obama, his cabinet, and other key leaders. Representatives from the 566 federally recognized Tribes gathered at the Department of the Interior to hear from the President and 13 cabinet-level officials and also participated in “breakout sessions” on various topics, including health.

During his remarks, the President recommitted his support for American Indians and Alaska Natives. He said, “I promised that Tribal nations would have a stronger voice in Washington ... And for the past five years, my administration has worked hard to keep that promise – to build a new relationship with you based on trust and respect.”

President Obama articulated four key areas for focus – strengthening justice and sovereignty; increasing economic opportunity; expanding quality health care; and protecting native homelands. The President reiterated his support for strong implementation of the Affordable Care Act in Indian Country. “We’ve got to keep our covenant strong by making sure Native Americans have access to quality, affordable health care just like everybody else,” he said. “That’s one of the reasons we fought hard to pass the Affordable Care Act... For Native Americans, this means more access to comprehensive, affordable coverage.” He also addressed contract

support costs by saying, “We’ve heard loud and clear your frustrations when it comes to the problem of being fully reimbursed by the federal government for the contracted services you provide, so we’re going to keep working with you and Congress to find a solution.”

Tribal leaders discussed several health-related topics with officials, including honoring the federal trust responsibility by eliminating sequestration for Indian Country; settlement of past contract support cost claims and full-funding for contract support costs in the future; reauthorization of the Special Diabetes Program for Indians; advance appropriations for the Indian Health Service; and seamless implementation of the Affordable Care Act in Indian Country.

NIHB Chairperson Cathy Abramson said, “Since President Obama has been in office we have come a long way. We still have a long way to go but I have hope we can improve health care access to our people across the nation. This was the first time the President talked about Contract support costs. That was hopeful. I hope the president’s words are reflected in the actions of the Administration.”

During the Tribal Nations Conference, Secretary of the Department of Health and Human Services, Kathleen Sebelius reconfirmed that the Department is committed to working to reduce health disparities in

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## From the Chairperson

### Dear Indian Country Friends and Advocates,



In this edition of Health Reporter you will find updates on the work and ongoing advocacy of the National Indian Health Board (NIHB). This year, our nation will experience the dawn of a new health care system with the complete roll-out of the Affordable Care Act (ACA). The ACA represents a unique opportunity for Tribes and American Indians/ Alaska Natives to receive access to better quality health care in a variety of ways. Indian-specific provisions in the law will help communities throughout Indian Country. NIHB will be deeply engaged in promoting education and outreach on ACA in 2014 and can serve as a resource for Tribes on the “ins and outs” of the new law.

NIHB also continues to be engaged on Capitol Hill, educating members of Congress on key priorities for Indian Health. These include a multi-year renewal for the Special Diabetes Program for Indians (the program expires on September 30, 2014), achieving advance appropriations for the Indian Health Service (IHS), increased funding for IHS as well as a permanent end to sequestration for IHS, and finding a meaningful solution on the issue of Contract Support Costs. All of these issues are vitally important to promoting healthier Native communities and we look forward to working with you to address these concerns in 2014!

In November 2013, NIHB board members participated in the White House Tribal Nations Conference in order to discuss key health issues for Indian Country with the Administration. This meeting was a remarkable success with several Administration officials promising to work on many difficult issues, including contract support costs and the implementation of the ACA.

On a sadder note, last year Indian Country lost two great advocates for Indian health. Gordon Belcourt, a member of the Blackfeet Tribe, the Executive Director of the Montana-Wyoming Tribal Leaders Council, and a fearless warrior for Native health issues, passed away July 2013. His commitment to advancing the voice of his people was tireless and his legacy will never be forgotten. NIHB also lost colleague and friend Tom Kauley, of the Kiowa Nation, Senior Consultant for the NIHB's HITECH Regional Extension Center. Mr. Kauley passed away unexpectedly in September 2013. Indian Country certainly would not have the success it has known in building an electronic health records infrastructure without his passionate and visionary contributions. Both of these remarkable individuals will be sorely missed, but we take some comfort knowing they will live on through the important work they have done and the many lives they have enriched.

NIHB looks forward to working with you in 2014 to help restore healthy native communities. We encourage you to provide input on this publication and all issues concerning the health and wellness of our people. NIHB is here to serve you.

Yours in Health,

Cathy Abramson  
Chairperson

**THE  
NATIONAL  
INDIAN  
HEALTH BOARD**

*One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities.*

**THE WORK OF THE  
NATIONAL INDIAN  
HEALTH BOARD**

The National Indian Health Board (NIHB) advocates on behalf of all federally-recognized Tribal governments – both those that operate their own health care delivery systems and those receiving health care directly from the Indian Health Service (IHS).

Located on Capitol Hill in Washington D.C., NIHB provides a variety of services to Tribes, area Indian health boards, Tribal organizations, federal agencies, and private foundations, including advocacy, policy formation and analysis, legislative and regulatory tracking, direct and timely communication with Tribes, research on Indian health issues, program development and assessment, training and technical assistance programs, and project management. NIHB is a 501(c)3 charitable organization.

## Tribal Leaders Continue to Press Congress and the Administration for a Solution on Contract Support Costs

The Indian Self Determination, Education and Assistance Act has had a profound effect on the way health care is delivered to Indian Country by allowing Tribes to enter into compacts and contracts to operate all or part of their health care system. Empowering Tribes to operate their own health care has allowed for efficient and effective allocation of resources, which in turn, has led to great improvements for many communities.

However, some Tribes have faced hardships because the government has not fulfilled its responsibility to pay the contract support costs for these agreements. As a result, Tribes are



Tribal leaders testify on November 14 before the Senate Committee on Indian Affairs about Contract Support Costs

forced to take resources from other programs to supplement this shortfall. Over 200 Tribes and Tribal organizations have taken action against the government to settle these claims. In June 2012, the Supreme Court issued a ruling in *Salazar vs. Ramah Navajo Chapter* that held that the U.S. Government must pay each Tribe's contract support costs even if the full amount to fund this cost has not been appropriated by Congress. In response to this ruling, the Administration proposed in its FY 2014 budget that the government enter into individual contracts with each Tribe for the contract support costs that each Tribe will receive.

The National Indian Health Board (NIHB) stands in unified opposition with Indian Country against this proposal. Creating caps on contract support costs will mean that Tribes and Tribal Organizations are the only government contractors in the United States not receiving their full compensation. Furthermore, it would violate the federal trust responsibility to provide health for American Indian and Alaska Native people.

NIHB has been working with Tribal leaders, Members of Congress and their staff as well as with the Administration to find a resolution to this issue. The House Appropriations Committee rejected this proposal in their FY 2014 bill. Senator Mark Begich (D-AK) and 10 other Senators sent a letter to the Office of Management and Budget (who oversees major budget decisions in the Administration) asking the Administration to withdraw this proposal. NIHB, in partnership with United South and Eastern Tribes (USET), also sent a letter from 24 Tribes and Tribal organizations opposing the proposal with caps but also asking for a timely solution to settling past contract support claims.

On November 14, 2013, the Senate Committee on Indian Affairs held a hearing on Contract Support Costs with representatives from the Administration and Tribal leaders. During that hearing, Senators expressed significant frustration on this particular issue. "Our

## Behavioral Health Spotlight:

### Toiyabe Adapts American Indian Life Skills to Promote Youth Resiliency

Located in the beautiful and rugged inland mountain region of California, the Toiyabe Indian Health Project serves a consortium of seven federally recognized Tribes and two American Indian Communities. Toiyabe works to address a range of health-related hardships endured by the communities they serve, using medical services as well as public health and wellness programming. As part of their health promotion work, they have focused on increasing the resiliency and coping skills of the youngest members of their communities.

Adapting the evidence-based American Indian Life Skills Curriculum, Toiyabe created the Numa Life Skills Program for Tribal youth attending one of the local Elementary schools. While the American Indian Life Skills Program seeks to increase resiliency in high school aged youth, the curriculum Toiyabe created looks to build coping skills in younger children. Sheila Turner, Toiyabe Behavioral Health Director, explained the strategy this way: “Our communities face the same problems as communities everywhere. We see substance abuse, depression, and people at-risk. We thought a good way to address these issues was to make sure people have the resilience and coping skills they need to face life’s problems, starting at a young age.”

#### BUILDING RESILIENCE

Resilience – the quality that allows people to withstand adversity and still thrive – develops over time, and touches upon many different aspects of a person’s life. Resilience comes from supportive relationships with family and friends, and the support that culture and traditions provide. Resilience also requires a set of personal life skills; these skills allow a person to navigate difficult situations by managing their thoughts, emotions and behaviors in constructive ways. Resilience can be developed across the life span by cultivating supportive relationships, by engaging with culture and traditions, and by learning life skills. A number of evidence-based curricula focus on building resiliency, including the program Toiyabe used as a model – American Indian Life Skills.

American Indian Life Skills (AILS)(formally the Zuni Life Skills) Development program is a school-based program that aims to build protective factors in youth and prevent suicide ideation. The AILS curriculum includes anywhere from 28 - 56 lesson plans covering topics such as: building self-esteem, identifying emotions and stress, recognizing and eliminating self-destructive behavior, and increasing communication and problem-solving skills. The design of the lessons allows for them to be easily adapted to incorporate situations and experiences relevant to the youth community served. Importantly, the curriculum has been rigorously tested and shown to be effective.

#### GETTING BUY- IN & CREATING THE PROGRAM

The success of the AILS program helped when it came time to propose the idea to Bishop elementary school. The project also required building relationships with the school administration, carefully explaining the vision of the project, and getting feedback from parents, teachers and the community. Natalie Vega, Behavioral Health Therapist Intern at the Toiyabe Indian Health Project and the core developer Numa Life Skills explained the process: “Initially, we worked with the Native American liaison at the school. She was really helpful in the process and she knew about the needs



of the Native students, especially those at risk. After working with her, we had meetings with the school principle and vice principle, we conducted surveys with the teachers, and we shared information with parents. After this groundwork, the program was accepted into the school.”

Ms. Vega and Ms. Turner put many hours into the adaptation of the AILS program to make it more kid-friendly and culturally relevant. For example, some components in the AILS curriculum, like directly speaking to students about suicide, is hard to translate to 5 – 10 year olds. The Numa Life Skills curriculum adapts this material, so that the issue of death is discussed in more general terms, while teaching coping skills to deal with the tragedy of death in the family.

Vega and Turner have also worked to incorporate many cultural practices and traditions to teach children about their heritage. The curriculum works various Paiute words into their activities to familiarize the children with a Native language. “The initial planning is the most difficult, but once you put the work in and get the program, going, it speaks for itself” Vega reported. She explained that the kids enjoy these activities so much that they don’t realize they are learning at the same time. Turner and Vega also reach out to community members to share legends and traditional stories to teach lessons, as well as songs and dances that help children learn how to express themselves and understand how to deal with difficult situations. Numa Life Skill has even incorporated sign language into their curriculum. “Different languages can give kids the skill sets and tools to communicate in new ways and to express the things they don’t know how to before,” offered Turner.

#### THE PROGRAM IN ACTION – SEEING SIGNIFICANT RESULTS

Now in its fourth year, the program began with 30 kindergarteners and has grown to 70 participants. The course is offered for a length of 5 months over the spring semester, and convenes twice a week so that students have the opportunity to attend at least one session a week. The children are split up into groups roughly according to age, with some grade levels mixed. Vega and Turner have seen this structure benefit students in ways

they never expected: “With the mix of older and younger and previous and new students in the program, we are seeing kids becoming leaders and taking on the role of peace builders. The older students who have been through the program are learning how to help new and younger kids who are struggling.”

While the program is open to all students within this non-Native school, the curriculum is culturally geared toward American Indians and 98% of the students are Native. Enrollment is on a first come, first serve basis, but referrals from the Native American Liaison are taken into consideration. The Native American Liaison plays a special role in the success of this program, and has the advantage of observing the students’ behavior and well-being on a day-to-day basis. She not only helps to reach out to the students who need the most help, but she also reports on the many significant changes and tangible positive effects the program has within the school.

**BUILDING SUSTAINABILITY THROUGH PARTNERSHIPS**

Toiyabe Indian Health Project’s partnership with the Bishop Elementary School makes a large impact on the program. Through outreach to administration and teachers, the project secured an outlet to reach the youth, staff to assist with the program, and a location to hold the sessions. While there were some hesitations from staff that the program was too focused on one group of students, the need presented was very great in the eyes of most teachers and administrators, who overwhelmingly have supported the Numa Life Skills Development program. By keeping in touch with staff and faculty through surveys and on-going discussions, the program has allowed for continuous quality improvement in order to find ways to best serve students and kept up their positive relationship with the school.

Beyond the school, the Numa Life Skills Development program also has reached out to parents throughout the process. Seeking parents’ opinions while building the program, engaging them through meetings during the first couple years, and sending home newsletters to update parents on program activities has built valuable partnerships with the community as well. Through this collaboration, the program has been able to call on parents as volunteers for much of their programing. Involving parents and the community has also expanded the outreach of behavioral health staff in general. These meetings and other interactions acquaint families and community members with the behavioral health staff and build relationships that encourage more individuals to seek the clinical care they need.

Numa Life Skills also has engaged in important partnerships with other community programs like Temporary Assistance for Needy Families (TANF). Twice a week, during the lunch hour lessons, TANF provides all the food for the students, saving the program time and money. Additionally, much of the staff for the program are already staff of the school, the Toiyabe Indian Health Project, or volunteers, which make the costs of the program extremely manageable.

**BRINGING IT ALL TOGETHER**

Understanding the need, choosing a successful approach, and building essential partnerships has allowed Toiyabe to make impressive strides in their goal of promoting resiliency in their youth. The success of the Numa Life Skills Development program and the collaborative relationships Toiyabe staff have cultivated reinforce each other and hold the promise of long-term sustainability, and the long term positive impacts on the communities they serve.

To learn more about Numa Life Skills, please visit the Toiyabe Indian Health Project at: <http://www.toiyabe.us/index.html> 

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**Tribal Leaders Meet in Washington for the White House Tribal Nations Conference**

Indian Country. She highlighted special benefits for American Indians and Alaska Natives in the Affordable Care Act, the success of the Indian Health Service/Veterans’ Administration reimbursement agreement and the injustice of sequestration to Indian Country.

On Tuesday, November 12, the President met directly with several Tribal leaders including NIHB Board Treasurer and Vice President of the Navajo Nation, Rex Lee Jim. During the meeting the Leaders discussed many issues with the President including job creation, the importance of Tribal self-determination and improving the lives of American Indians and Alaska Natives. Vice President Jim said that the President reiterated that he is “Committed to Indian Country, and that he’ll do what he needs to do to help us. He was personable, listened, and responded to questions, in a conversational style. He seems to have a grasp on what is happening in Indian Country. He engaged the Tribal leaders in dialogue rather than just responding.”

Also on November 12, the Senate Committee on Indian Affairs held a “Listening Session” on the impacts of sequestration in Indian Country.

This meeting served as a forum for Tribal leaders to tell their story about how the harmful budget cuts have impacted their people and are a violation of the federal trust responsibility. During this meeting, NIHB Chairperson Cathy Abramson spoke and highlighted the importance of the federal trust responsibility and the sacrifices of our ancestors. Other NIHB board members also spoke on Tuesday. NIHB Portland Area representative Andy Joseph spoke about the staffing difficulties on his reservation due to budget cuts as well the importance of funding contract support costs. NIHB Treasurer Vice President Rex Lee Jim reiterated support for an Indian Country exemption to sequestration and noted the cuts have impacted the ability of the Navajo Nation to provide basic services, especially when IHS is only funded at 56 percent of need.

The committee staff expressed their deep concerns of the problems created by sequestration and noted that they would share these comments with others in Congress. The statements made at the listening session are part of the committee’s official record. 

## NIHB Highlights Area Health Boards

### Inter Tribal Council of Arizona, Inc.



#### BACKGROUND:

The Inter Tribal Council of Arizona (ITCA) Health Programs assist Tribes to create healthy communities through capacity building and technical assistance in the areas of health policy, program development, and training. Some of the specific health disparities that affect American Indians that Tribes are addressing include: behavioral health issues, diabetes and other chronic diseases, oral health, teen pregnancy and sexually transmitted infections. Tribal leaders and health staff guide these efforts by participating on working groups and advisory committees to provide the necessary oversight to ITCA projects and advocacy efforts.

#### HEALTH PROGRAMS:

- The ITCA Dental Prevention and Clinical Support Center (DPCSC), in collaboration with the Indian Health Service (IHS) and Tribal and Urban Indian Dental Programs throughout the Phoenix and Tucson Areas, adds to the existing resources and infrastructure by providing continuing education opportunities and program management trainings for dental program staff in order to address the broad challenges and opportunities associated with IHS preventive and clinical dental programs. The ITCA DPCSC assists dental programs in developing quality improvement plans, strives to improve available data, provides technical assistance in completing grant applications, oral health surveys, and other IHS initiatives.
- The ITCA Diabetes Nutrition Coordinator provides technical assistance to Tribal diabetes programs in Arizona, Nevada and Utah. This includes assistance in the areas of nutrition and physical activity, diabetes prevention, diabetes program development and evaluation for American Indian communities. The Coordinator works with the IHS/Tribal dietitians and nutritionists working in the Phoenix Area to survey training needs and develop a bi-annual area wide nutrition meeting.

**WEBSITE:** [www.itcaonline.com](http://www.itcaonline.com)

**NIHB PHOENIX AREA BOARD MEMBER:** Martin Harvier, Salt River Pima-Maricopa Indian Community

**ITCA CONTACT INFORMATION:** John R. Lewis, Executive Director

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### Northwest Portland Area Indian Health Board



#### BACKGROUND:

Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit Tribal advisory organization serving the forty-three federally recognized Tribes of Oregon, Washington, and Idaho. Each member Tribe appoints a Delegate via Tribal resolution, and meets quarterly to direct and oversee all activities of NPAIHB. NPAIHB Delegates create and update a strategic plan, which contains four main functional areas: health promotion and disease prevention, legislative and policy analysis, training and technical assistance, and surveillance and research. NPAIHB houses a Tribal epidemiology center (EpiCenter), several health promotion disease prevention projects, and is active in Indian health policy.

#### HEALTH PROGRAMS AND PROJECTS:

- The Western Tribal Diabetes Project (WTDP) mission is to empower Tribal communities to utilize diabetes data at the local level to track the Indian Health Service Standards of Care for Patients with Type 2 Diabetes, insure patients receive timely care, improve case management, identify gaps in care, and better address program planning.
- Toddler Overweight and Tooth Decay Prevention Study (TOTS): The Northwest Portland Area Indian Health Board (NPAIHB) along with Kaiser Permanente Center for Health Research (KPCHR) have joined in partnership with six Northwest Tribes to conduct a research study. The overall aim of the TOTS study is to test whether community and family-based interventions can alter feeding practices and whether such behavioral changes can impact childhood obesity and early childhood tooth decay. The intervention framework is the social ecology model for health promotion that targets health behaviors at multiple levels. This study is innovative in its focus on keeping children healthy from the very beginning as opposed to combating disease once it has occurred. It is also innovative because it focuses the most vulnerable members of the community, infants and toddlers, using a multi-level approach of interventions. If successful, the intervention would have great significance for the many Tribal communities facing these problems.

**WEBSITE:** [www.npaihb.org](http://www.npaihb.org)

**NIHB PORTLAND AREA BOARD MEMBER:** Andrew Joseph Jr., Confederated Tribes of the Colville Reservation

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THE TUCSON AREA IS HOME TO TWO TRIBES, THE PASCUA YAQUI TRIBE AND THE TOHONO O'ODHAM NATION. CURRENTLY, THE TUCSON AREA DOES NOT HAVE A FORMALLY ORGANIZED AREA HEALTH BOARD.

### Pascua Yaqui Tribal Health Program

The mission of the Pascua Yaqui Tribal Health Program is to promote the highest possible standard for health and well-being of Tribal members and their families within all Yoeme communities.



#### HEALTH PROGRAMS AND PROJECTS:

- **Centered Spirit:** It is the mission of the Pascua Yaqui Centered Spirit program to provide professional, confidential and culturally compatible behavioral health services for Pascua Yaqui Tribal members and their families, and to promote healing, personal growth, and healthy living for the individual, the family and the community.
- **Community Change Oriented Recovery Effort (CCORE):** The Mission of the Pascua Yaqui Tribe CCORE is to provide quality, competent and culturally compatible peer support services to Tribal and community members investigating or seeking support in ending a substance abuse or dependence, and to promote healing, wellness and sobriety for individuals, family and the community. Some of CCORE's services include regular community events promoting sobriety and recovery, recovery support groups, weekly AA meetings, and other peer support services (i.e. assistance with obtaining ID cards, transportation to appointments).

**WEBSITE:** [www.pascuayaqui-nsn.gov](http://www.pascuayaqui-nsn.gov)

**NIHB TUCSON AREA BOARD MEMBER:** Sandra Ortega, Tohono O'odham

#### PASCUA YAQUI TRIBE HEALTH DEPARTMENT CONTACT

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### Tohono O'odham Nation Department of Health & Human Services

The purpose of the Department of Human Services is to improve the health and social wellbeing of the O'odham. This includes providing services related to addictions and mental health, disease and communicable disease prevention and management, develop health promotion and wellness programs, provide social services and assistance to needy families, provide child protection and emergency shelter care services, provide cultural activities and social services to the elders, provide special needs services to individuals with developmental disabilities, provide transportation to those needing assistance to needed medical appointments and provide administration to health and education facilities construction.



**WEBSITE:** [www.tonation-nsn.gov](http://www.tonation-nsn.gov)

**NIHB TUCSON AREA BOARD MEMBER:** Sandra Ortega, Tohono O'odham Nation

#### TOHONO O'ODHAM NATION HEALTH AND HUMANS SERVICES

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## Raising Diabetes Awareness and Efforts to Fight Diabetes in Indian Country

In the United States, more than 26 million people are living with diabetes and 79 million more are at risk of developing type 2 diabetes. In addition to these general statistics, American Indians and Alaska Natives (AI/ANs) face a dramatically higher prevalence rate, as compared with white individuals of the same age. Over time, if not controlled, type 2 diabetes can cause serious health problems like heart disease, stroke, and blindness. Early diagnosis and treatment may prevent the development of these health problems. In 2012, the total estimated cost of diagnosed diabetes was \$245 billion, including \$176 billion in direct medical costs and \$69 billion in reduced productivity.

### The Special Diabetes Program for Indians

Established by Congress in 1997, the Special Diabetes Program for Indians (SDPI) was a response to the diabetes epidemic among AI/ANs. The program has seen much success and demonstrated measurable improvements in the prevention and treatment of diabetes.

The SDPI is making a tremendous difference in the health of AI/ANs, who are burdened disproportionately with type 2 diabetes at a rate 2.8 times the national average. In Tribal communities, the program has significantly increased the availability of diabetes prevention and treatment services for those with diabetes. These increased services have translated into remarkable improvements in diabetes care including:

- The average A1C blood sugar level decreased from 9.0 percent in 1996 to 8.1 percent in 2010. Every percentage drop in A1C results can reduce the risk of eye, kidney, and nerve complications by 40 percent.
- Average low-density lipoprotein (LDL) cholesterol declined from 118mg/dL in 1998 to 94 mg/dL in 2011. Improved control of LDL cholesterol can reduce cardiovascular complications by 20-50 percent.
- Between 1995 and 2006, the incident rate of End-Stage Renal Disease in AI/ANs with diabetes fell by nearly 28 percent – a greater decline than any other racial or ethnic group. Given that Medicare costs per year for one patient on hemodialysis were approximately \$82,000 in 2009, this reduction in new cases of ESRD means a decrease in the number of patients requiring dialysis, translating into millions of dollars in cost savings for Medicare, the Indian Health Service, and other third party payers.

Today, SDPI is funded at a level of \$150 million per year and supports 404 diabetes treatment and prevention programs in 35 states. With funding for this critical program set to expire on September 30, 2014, the

National Indian Health Board (NIHB) continues to play a key role in the campaign to secure reauthorization of the program.

With reauthorization of SDPI as the goal, NIHB's education and outreach efforts include a comprehensive campaign to demonstrate the importance of SDPI to key Congressional Members and their staff. As a part of these efforts, NIHB has initiated an SDPI postcard campaign for SDPI supporters to quickly and easily get the attention of Members of Congress on SDPI renewal. NIHB has provided the SDPI postcards at National Tribal Meetings and to Tribal Health Boards in each Area. NIHB's message is clear: the SDPI saves lives while providing a substantial return on the federal investment. NIHB calls upon SDPI supporters to help amplify this message.

Another way that Tribal leaders, SDPI grant programs, and other stakeholders can demonstrate the effectiveness of SDPI is by hosting an SDPI site visit for their Member of Congress through NIHB's "Schedule Host, Organize, and Witness" (SHOW) campaign. NIHB continues to call on SDPI grantees to contact their Member of Congress, so they may demonstrate the excellent health outcomes being achieved through SDPI funding and give Congressional Members first-hand information on the importance of SDPI to their constituents.

Since August 2013, several SDPI grant programs have hosted SDPI site visits with Congressional Members or staff, including: the Alaska Native Tribal Health Consortium (Rep. Don Young and Sen. Lisa Murkowski); the Yakama Indian Health Service Healthy Heart Program (Sen. Patty Murray); Riverside San Bernardino County Indian Health, Inc. Diabetes Program (Rep. Ken Calvert); and the Toiyabe Indian Health Project (Sen. Barbara Boxer). For a copy of the SHOW Toolkit and highlights of recent SDPI site visits by Congressional Members and staff, please visit the SDPI Resource Center website at [www.nihb.org/sdpi](http://www.nihb.org/sdpi)

This year, NIHB and its coalition partners met with Congressional Members on signing the SDPI House and Senate support letters. In these meetings, NIHB presented compelling arguments and reasoned information why Congressional Members should care and support renewal of the program. 336 House Members and 76 Senators have signed the SDPI House and Senate support letters this year, translating into over 75% of Congressional Members in each chamber supporting the program.

NIHB hosted a briefing on Capitol Hill on December 5, 2013 to bring awareness and showcase the success of the Special Diabetes Program for Indians (SDPI) in Tribal communities. The briefing was led by

## Congress Provides \$4.4 Billion for IHS in FY 2014

As part of the FY 2014 "omnibus" Appropriations Act (H.R. 3547), Congress appropriated \$4.4 billion for the Indian Health Service (IHS). This funding restores the harmful automatic sequestration cuts that devastated many Tribal health programs in FY 2013. By comparison, the FY 2013 pre-sequestration amount appropriated for IHS was \$4.3 billion and \$4.1 billion after sequestration. This includes \$878 million for Purchased/ Referred Care and \$36 million for the Indian Health Professions Loan Repayment Program. In FY 2014 IHS Facilities will

receive \$451.7 million which is a small increase over the FY 2013 pre-sequestration level of \$440.7 billion.

While the funding for IHS is not close to the amount needed that fully fund the IHS, these additional funds are a positive step toward achieving meaningful increases for the delivery of health in Indian Country. NIHB will continue to work with Congress in the next year to ensure that IHS and other Tribal programs receive the funding that honors the Federal Trust Responsibility. 



NIHB Chairperson Cathy Abramson. Also participating were with Vice-President Rex Lee Jim of the Navajo Nation; Rick Frey, Director of the Preventative Medicine Department at the Toiyabe Indian Health Project; Sandi Chesebrough, SDPI Coordinator at the Nimkee Diabetes Program with the Saginaw Chippewa Indian Tribe of Michigan; and Becky Price, Diabetes Program Director from the Pokagon Band of Potawatomi Indians. The briefing was attended by staff from over 30 Congressional offices.

On Thursday, December 12, the Senate Finance Committee passed its “Doc Fix” reform bill which will reform the payments made to doctors under Medicare. Importantly, the legislation that was advanced also contained provisions known as “Medicare Extenders.” The renewal of the Special Diabetes Program for Indians (SDPI) was part of that package. The bill would renew the program for 5 years at \$150 million per year. The legislation passed out of committee without any opposition. The House Ways and Means Committee also passed a “Doc Fix” bill. The version does not contain the extender package. However, it has been reported that Chairman Dave Camp (R-MI) also plans to “address” the Medicare extenders before this bill reaches the full House of Representatives for consideration. NIHB encourages you to continue to contact House of Representatives members to support inclusion of SDPI in the Medicare Extender package when it is considered in 2014.

These measures will likely be considered by the full chambers next year as Members of Congress search for ways to offset the additional spending in the proposals. This week, Congress is expected to pass a 3 month patch for “Doc Fix” until they can complete a full reform which will likely occur in early 2014. For more information on SDPI renewal efforts, please visit the SDPI Resource Center website at [www.nihb.org/sdpi](http://www.nihb.org/sdpi) 📄

## Time is Running Out for Health Care Providers to Take Advantage of Additional Funds from CMS for Electronic Health Records

The American Recovery and Reinvestment Act of 2009 (ARRA) provided funding for Indian Health Service, Tribal, and Urban Facilities (I/T/Us) to receive help in the transition from paper health records to Electronic Health Records (EHRs). Time is quickly running out to take advantage of this important program. The National Indian Health Board (NIHB) can assist I/T/Us in making the transition to EHR and to get the necessary financial incentives. NIHB has the expertise and resources available now for the implementation of EHR. The program is slated to end April 4, 2014 and if I/T/Us do not take advantage of this program before then, thousands of dollars will be lost from the Indian health system.

The program has been a tremendous success to date in engaging health care providers and providing the tools necessary to help them improve the health system. NIHB has invested over \$10 Million in grant funds already but there are still funds available that can be used to continue to help American Indian and Alaska Native providers towards Meaningful Use. Achieving Meaningful Use also makes providers eligible for incentive payments from the Centers for Medicare and Medicaid Services (CMS). Achieving Meaningful Use with NIHB strengthens the health care system of the Native American and Alaska Native Peoples.

CMS has set the standards for Meaningful Use and also provides financial incentives for MU to qualified health care providers in the form of yearly payments for demonstrating commitment to improving the nation’s health care system through EHRs. CMS will pay a total of \$63,750 (\$21,250 in year 1), for each provider that is eligible for the Medicaid incentive program and up to \$24,000 per provider (if achieved in 2014 - \$12,000 in year 1) for each provider that is eligible for the Medicare incentive program. This constitutes, potentially, a substantial amount of additional dollars to the Indian health care system.

There are many facets and hurdles to overcome in the move to Meaningful Use; let NIHB help you succeed and begin the incredible transformation of our health care system. If you have not already contacted NIHB to sign up with our Regional Extension Center and begun receiving services, please contact us immediately to take advantage of the program before time runs out. The Regional Extension Center Director, Jason Heinecke can be reached at 202-507-4083 or [jheinecke@nihb.org](mailto:jheinecke@nihb.org) 📄

## Definition of Indian Bill Introduced in Senate

On October 16, 2013, Senator Mark Begich (D-AK) introduced a bill (S.1575) that would streamline the “Definition of Indian” in the Affordable Care Act. This is an important first step in ensuring that all American Indians and Alaska Natives (AI/ANs) receive the benefits and protections intended for them in the Affordable Care Act (ACA).

The definitions of Indian in the ACA are not consistent with the definitions already used to provide health care for American Indians and Alaska Natives. The ACA definitions, which currently require that a person is a member of a federally recognized Tribe or an Alaska Native Claims Settlement Act (ANCSA) corporation, are narrower than those used by Indian Health Service (IHS) and Medicaid, thereby leaving out a sizeable

population of AI/ANs that the ACA was intended to benefit and protect.

Unless the definition of Indian in the ACA is changed, many AI/ANs will not be eligible for the special protections and benefits intended for them in the law. These benefits include cost-sharing and monthly enrollment benefits. This bill will also create statutory language to guarantee that AI/ANs are not subjected to tax penalties for not having insurance, even though they are eligible for Indian health care programs.

Senator Begich has stated that he hopes to have S.1575 passed soon. It will be critical to building support in the Senate for the fix. For more information on this issue, please visit: [http://nihb.org/legislative/tools\\_and\\_resources.php](http://nihb.org/legislative/tools_and_resources.php) 📄

## Government Shutdown Underscores the Need for Advance Appropriations for IHS

WASHINGTON DC

The government shutdown that occurred from October 1-16, 2013, put many Tribes' services at risk. National Indian Health Board heard from Tribes across Indian Country that the lack of federal funds at the start of the year forced Tribal governments to furlough employees, reduce services and even end the services altogether. The Crow Nation, for example, furloughed 300 employees during the shutdown. Red Lake Band of Chippewa Indians reported that they had to limit all health services to emergency cases. To make matters worse, the shutdown came on top of FY 2013 sequestration cuts that already had cut Tribal health programs to the bone.

Congress came to a short-term agreement on October 16, but these budget battles are unlikely to be resolved anytime soon. Ideally, Congress should come to a funding agreement by September 30 of each year. However, this has occurred only once (FY2006) in the last 15 years, forcing IHS and Tribal health programs to juggle short-term continuing resolutions without knowledge of final spending amounts for several months. There is little chance of "normal" appropriations resuming any time soon.

The National Indian Health Board (NIHB), together with partners National Congress of American Indians, National Council on Urban Indian Health and the Maniilaq Association, is working on achieving advance appropriations for the Indian Health Service. An advance appropriation is funding that becomes available one year or more after the year of the appropriations act in which it is contained. For example, if the FY 2015 advance appropriations for the IHS were included in the FY 2014 appropriations bills, those advance appropriations would not be counted against the FY 2014 funding allocation but rather, against the FY 2015

allocation. This would mean that IHS would have already had its funds for FY 2014 before the federal government shutdown, thereby insulating Tribes from the negative impacts.

In FY 2010, the Veterans Health Administration (VHA) achieved advance appropriations. IHS, like the VHA provides direct medical care to fulfill legal promises made by the federal government. The House Veterans Affairs Committee also is looking to expand this authority for the Veterans' Administration to other departments. Other discretionary programs receiving advance appropriations include Education Title I Grants, Special Education Grants, Training and Employment Services and Tenant Based Rental Assistance.

In addition to being insulated from government shutdowns and sequestration, advance appropriations offers other benefits for IHS, Tribal and Urban facilities (I/T/Us). This includes the ability to better plan budgets, which will decrease administrative costs. Advance appropriations will also enhance recruitment and retention ability, because IHS and Tribal health professionals will know in advance how many positions they can hire or retain since staff resign when funding is in doubt. It will also provide improved programmatic activity over several years, thereby leading to better health outcomes for AI/AN people and decreased long-term healthcare costs.

In October, Representative Don Young (R-AK) and Representative Lisa Murkowski (R-AK) introduced legislation to provide for IHS advance appropriations (H.R. 3229 and S.1570). NIHB is seeking co-sponsors for these bills. If your Tribe or Tribal organization would like to send a letter of support for advance appropriations visit [http://nihb.org/legislative/advance\\_appropriations.php](http://nihb.org/legislative/advance_appropriations.php) for a sample letter and resolution. 📄

## National Indian Health Board Meets with the House Interior Appropriations Subcommittee and the Senate Committee on Indian Affairs

On December 5, 2013, as part of the National Indian Health Board's (NIHB) 4th Quarter meeting, board members met with Members of Congress and their staff to discuss key health priorities. They discussed topics including funding for the Indian Health Service (IHS), a sequestration exemption for IHS, Advance Appropriations for IHS, the Special Diabetes Program for Indians and other health concerns.

The Interior Appropriations Subcommittee meeting was attended by Chairman of the Subcommittee, Ken Calvert (R-CA), and the Co-chairs of the Native American Caucus Representatives Tom Cole (R-OK) and Betty McCollum (D-MN). There were also several staff members present to represent other members of the subcommittee. During the meeting, the Subcommittee members expressed strong support for Indian health and said that it is important that the federal government fulfill its trust obligation to Tribes. They highlighted support for a sequestration exemption for IHS, and advance appropriations. Committee members also expressed support for the renewal of the Special Diabetes Program for Indians.

The Senate was not in session that week, but NIHB members had the opportunity to meet with key congressional staff supportive of health concerns brought by the board. The staff members expressed the desire



to work together with Indian Country to get some of these important initiatives moving forward, including the Definition of Indian in the Affordable Care Act. 📄

## Assistance Available for AI/AN Consumers to Apply for Insurance

American Indians and Alaska Natives may currently apply for health insurance through the Health Insurance Marketplace under the Affordable Care Act. Marketplace Navigators and Certified Application Counselors are available in Tribal communities to assist individual consumer through the application process.

Previous to the October 1, 2013 open enrollment date, the Department of Health and Human Services (HHS) awarded 105 of Navigator grants across the country to states, non-profit organizations and Tribes to serve as an in-person resource for Americans who want additional assistance in shopping for and enrolling in plans in the Health Insurance Marketplace. Tribal recipients include: the Alaska Native Tribal Health Consortium, the Ponca Tribe of Nebraska, the Great Plains Tribal Chairmen's Health Board – serving North and South Dakota – and the National Council on Urban Indian Health (NCUIH).

The Marketplace, housed at [www.healthcare.gov](http://www.healthcare.gov), allows millions of Americans access to health coverage who could not otherwise afford it. American Indian and Alaska Native (AI/AN) consumers have a special enrollment status that allows them to enroll on a monthly basis and past the deadline of March 31, 2014. AI/AN may enroll online or through a paper application at a Indian, Tribal or urban health facility.

NCUIH is working with Navigator programs at the American Indian Health Service of Chicago, the Gerald L. Ignace Indian Health Center in Milwaukee and the Urban Indian Center of Salt Lake City. According to NCUIH, there are two core parts to their Navigator programs: enrollment and outreach.

“Navigators provide unbiased enrollment services through open enrollment for all consumers and help them through the process,” said Bethany Rose, Policy Analyst for NCUIH. They also work in outreach and hold events to educate the public about the law and how it impacts them. Navigators are required to be federally certified and go through a 20-hour online training prior to being able to work as a Navigator. In

many states, there are additional requirements (training/licensure) that an individual working as a Navigator needs to complete prior to beginning their enrollment work.

Many Tribes are providing Certified Application Counselor (CAC) training for their citizens to help their relatives and other community members through the applications process. The Centers for Medicare and Medicaid Services (CMS) issues access codes to organizations, including Tribes, to complete the online training.

The Cocopah Tribe recently hosted a CAC training for Tribal members at the Regional Center for Border Health, Inc., in Somerton, Arizona. Tribal member, Jack Soto, participated in the day-long training.

“We believed that it would be useful to go through the training to learn more specifically how this would impact the health coverage of the local Cocopah community. I think the training is useful information to have on hand for people interested in learning more about the health care system. I also believe that IHS is moving into a different era of support and health care costs and coverage will change in the future. I believe this will assist in developing systems that will help Native people transition into a more centralized pathway to access points in health care,” Soto said.

In addition to the special enrollment status, members of federally recognized Tribes and those eligible to receive services as an Indian Health Service (IHS) facility, may apply for a life-time exemption from the shared responsibility payment, also known as the tax penalty, which is the requirement for all Americans to have health insurance by March 31, 2014. The exemption form can be filled out online at [www.healthcare.gov](http://www.healthcare.gov) or through a paper application and submitted with federal taxes.

HHS recently reported that, from October to December 2013, an estimated about 2.2 million people have obtained health insurance plans through the Marketplace.

For more information about the AI/AN provision of the Affordable Care Act, visit [www.tribalhealthcare.org](http://www.tribalhealthcare.org) or [www.nihb.org](http://www.nihb.org). 

► Continued from page 3

### Tribal Leaders Continue to Press Congress and the Administration for a Solution on Contract Support Costs

country's financial troubles are not really stemming from our obligations to Indian Country,” said Chairwoman Maria Cantwell (D-WA). Senator Lisa Murkowski (R-AK) said, “The Supreme Court decision in *Ramah* is... unequivocal. The fact that we are continuing to bring this up before members of the Administration, I find very, very, frustrating.” When questioned by Senator John Tester (D-MT) Assistant Secretary for the Bureau of Indian Affairs Kevin Washburn said that the Administration's proposal to put caps on contract support costs is “not something that makes a lot of sense in many respects...”

The Joint Explanatory Statement accompanying the FY 2014 appropriations bill for FY 2014 (H.R. 3547) contained additional information about contract support costs. Congress rejected the Administration's proposal to place individual caps on each Tribal contract or compact. The statement says, “That proposal was developed without Tribal consultation and the Committees heard from numerous Tribes voicing their strong opposition.” The legislation also does not include language that

was in previous appropriations bills that limited the amount available to pay contract support costs in any year. “Instead,” the statement says, “the question of contract support cost amounts to be paid from within the fiscal year 2014 appropriation is remanded back to the agencies to resolve,” but notes that the appropriate House and Senate Committees should consider a long-term solution. Finally, the bill's explanatory statement directs the Departments of Interior and Health and Human Services to consult with Tribes, the relevant Congressional committees and the Office of Management and Budget to “formulate long-term accounting, budget, and legislative strategies to address the situation.” Congress also directs the agencies to develop a consultation plan on this issue within 120 days of the passage of the omnibus.

NIHB will continue to voice the concerns of Tribes with Congress and the Administration when it comes to Contract Support Costs as the issue moves forward. Please email NIHB's Manager of Congressional Relations, Caitrin Shuy, at 202-507-4085 or [cshuy@nihb.org](mailto:cshuy@nihb.org) with any questions. 

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