National Indian Health Board

NIHB advocates for the rights of all federally recognized American Indian and Alaska Native Tribes through the fulfillment of the trust responsibility to deliver health and public health services.

2019 Legislative and Policy Agenda for Indian Health

January 2019

Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native (AI/AN) Tribes, the National Indian Health Board (NIHB) seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People. To advance the organization's mission, the NIHB Board of Directors sets forth the following priorities that the NIHB will pursue through its legislative and policy work during 2019.

Introduction:

There is a special and political relationship between the United States and Tribes that creates a trust responsibility to provide American Indians and Alaska Natives with access to and delivery of quality health care. This special trust responsibility provides the legal justification and moral foundation for health policy making specific to Tribes and American Indians and Alaska Natives. This obligation to carry out the federal trust responsibility to Indians is rooted in the United States Constitution, treaties, judicial pronouncements, Acts of Congress, Executive Orders, regulations, and the ongoing course of dealings between the federal government and Indian Tribal governments. As such, it is firmly acknowledged that the federal government's obligation to carry out its trust responsibility applies to all departments and agencies of the federal government.

In pursuit of its authority under the Constitution and the trust responsibility, Congress has enacted many Indian-specific laws and included Indian-specific provisions in general laws to address Indian participation in federal programs. This special treatment of Indians has been confirmed to be that of a political class based on the government-to-government relationship and not one based on race. For decades, the Executive and Legislative branches of the United States government have implemented policies and legislation on this basis.

In 2019, NIHB will continue to advocate for the fulfillment of the trust responsibility by the federal government and honoring the political government-to-government relationship by working with both the Legislative and Executive branches of government to effectuate the delivery of quality healthcare for American Indians and Alaska Natives and relevant meaningful systems-level change that will improve the health status for all American Indians and Alaska Natives.

Therefore, we believe the following specific actions can be undertaken to achieve these goals.

Legislative Requests

Ensure that Medicaid provides greater access to American Indians and Alaska Natives and that the Medicaid program is responsive to the unique needs of the Indian health system.

The Medicaid program is a critical component of the Indian health system. Medicaid resources now account for nearly 13 percent of total funding for the Indian Health Service (IHS), and an even greater amount for Tribally-operated health programs.[1] Yet, total IHS Medicaid reimbursements account for only a fraction of a

[1] Samantha Artiga, Petry Ubri, and Julia Foutz, *Medicaid and American Indians and Alaska Natives* (Washington, DC: Kaiser Family Foundation, Sep. 7, 2017), Figure 4.

percent of total Medicaid spending nationwide. But access to Medicaid has been uneven across Indian country. Depending on the state they are located, IHS and Tribal programs have varying levels of access to Medicaid resources and services. This means that the Medicaid program is not providing equal access to Medicaid services for Indian people as there is a wide variation across the states in Medicaid eligibility, covered services, and reimbursement rates. Therefore, we recommend that Congress do the following:

1. Create an optional eligibility category under federal Medicaid law providing authority for states to extend Medicaid eligibility to all AI/ANs with household income up to 138% of the federal poverty level (FPL).
2. Authorize Indian Health Care Providers (IHCPs) in all states to receive Medicaid reimbursement for all services authorized under Medicaid and specified services authorized under the Indian Health Care Improvement Act—referred to as Qualified Indian Provider Services—when delivered to AI/ANs.
3. Extend full federal funding through a 100% Federal Medical Assistance Percentage (FMAP) rate for Medicaid services furnished by Urban Indian Organizations to AI/ANs, in addition to services furnished by IHS/Tribal providers to AI/ANs.
4. Clarify in federal law and regulations that state Medicaid programs are—
    - Permitted to implement policies limited to AI/ANs and/or Indian health care providers through waivers or State Plan Amendments.
    - Prohibited from over-riding (through waivers) Indian-specific provisions in federal Medicaid law.
5. Address the "four walls" limitations on IHCP "clinic" services by removing the restriction that prohibits billing for services provided outside a clinic facility.

Phase in Full Funding for Indian Health Services and Programs for American Indians and Alaska Natives in the Indian Health Service (IHS)

Each year the National Tribal Budget Formulation Workgroup (TBFWG) to the IHS works diligently to synthesize the priorities identified by Tribes in each of the health care delivery Service Areas of the IHS into a cohesive message outlining Tribal funding priorities nationally. These priorities are the foundation and roadmap for the work that NIHB does on behalf of Tribes in pursuit of much needed funding for health care services and programs for American Indians and Alaska Natives. In addition to advocating for these national Tribal priorities, NIHB will call on Congress and the Administration to:

- Further requests to be completed when TBFWG completes their request in February 2019.

Secure Advanced Appropriations for the Indian Health Service (IHS)

NIHB is asking *Congress to enact advanced appropriations for IHS*. If IHS had received advance appropriations, it would not have been subject to the government shutdown as FY 2019 funding would already have been in place. Adopting advance appropriations for IHS results in the ability for health administrators to continue treating patients without wondering if –or when– they have the necessary funding. Additionally, IHS administrators would not waste valuable resources, time and energy re-allocating their budget each time Congress passed a continuing resolution. Indian health providers would know in advance how many physicians and nurses they could hire without wondering if funding would be available when the results of Congressional decisions funnel down to the local level.

Enact Mandatory Appropriations for the Indian Health Service (IHS)

In addition to fully funding the Indian Health Service, NIHB and Tribes believe that fully funding for IHS should be treated as "entitlement" or "mandatory spending." This would be in alignment with the federal trust responsibility for health which is the direct result of treaties, federal law, and Supreme Court Cases. In order for this to be implemented, Congress should enact legislation to create a Tribally-driven feasibility study in order to determine the best path forward to achieve mandatory appropriations for the IHS.

https://www.kff.org/medicaid/issue-brief/medicaid-and-american-indians-and-alaska-natives/

Increase Appropriations to Indian Country outside of the Indian Health Service (IHS)

Tribes and Tribal organizations receive a disproportionately low number of Department of Health and Human Services (HHS) grant awards. One significant obstacle for Tribes to receive adequate funds for these programs is the fact that block grant funds typically flow directly to states who then must pass funding on to Tribes. Sadly, these funds often do not make it to the Tribal level. Without having a state intermediary, Tribes would not only receive more adequate funding but could more easily tailor program needs to their people. Therefore, Congress should:

- Grant awards should not pass through states but should be awarded directly to Tribes.
- Create set-asides for HHS block grants so that Tribal communities have access to these funds on a recurring basis.
- Where states receive funds to pass through to Tribes, Congress should require Tribal consultation on the use of those funds.

Build Capacity of Tribal Public Health

Like state and territorial governments, Tribes have both the rights and responsibilities to provide vital public health services for their communities. To do this, they must also have the tools to carry out these functions. Currently, Tribes are regularly left out of state-run public health systems and are routinely overlooked by federal agencies during funding decisions for public health initiatives. Congress should:

- Ensure that Tribes gain access to needed funding through a direct Tribal set aside for public health funding or through a Tribally-specific public health block grant program.
- Ensure that Tribes are also eligible for all existing and new public health funds distributed by the Centers for Disease Control and Prevention (CDC) or any other federal agency that are open to states, territories and local public health departments. Wherever practicable, funding should provide Tribal set asides.
- Create flagship funding for Tribal health departments for key public health issues in Indian Country.
- Direct CDC to work directly with Tribes to seek out Tribal input during their internal budget negotiations and formulation process.
- Ensure that Tribes have a leading voice in decisions regarding local water supply and other environmental impacts on or near their lands, and are eligible for funding streams to address environmental hazards such as water and waste contamination and other hazards.
- Ensure that Tribes have direct funding for programs for emergency preparedness such as the Public Health Emergency Preparedness (PHEP) cooperative agreements and the Hospital Preparedness Program (HPP).
- Ensure funding continues for the Good health and Wellness in Indian Country (GHWIC) program. GHWIC is the CDC's largest investment to improve health among AI/ANs.

Seek Long-Term Renewal for the Special Diabetes Program for Indians (SDPI) at $200 Million

NIHB is asking Congress to pass legislation to renew the Special Diabetes Program for Indians (SDPI). The current authorization expires on September 30, 2019. SDPI has not received an increase in funding since FY 2004 which means the program has effectively lost about 25 percent in programmatic value over the last 15 years due to the lack of funding increases corresponding to inflation. Few programs are as successful as SDPI at addressing chronic illness and risk factors related to diabetes, obesity, and physical activity. SDPI has proven itself effective, especially in declining incidence of diabetes-related kidney disease. The incidence of end-stage renal disease (ESRD) due to diabetes in American Indians and Alaska Natives has fallen by 54% - a greater decline than for any other racial or ethnic group. Treatment of ESRD costs almost $90,000 per patient, per year, so this reduction in new cases of ESRD translates into significant cost savings for Medicare, the Indian Health Service, and third party payers. For 2019, NIHB request that Congress:

- Enact long-term or permanent renewal of SDPI for at least 7 years.
- Increase funding for SDPI to $200 million, or minimally, tie yearly increases to the rate of medical inflation.

Provide Additional Funding to Address Substance Abuse in Indian Country

AI/ANs face significant disparities in rates of substance addiction and overdose. For instance, AI/ANs had the second highest opioid overdose fatality rate in 2016 at 13.9 deaths per 100,000 according to the Centers for Disease Control and Prevention (CDC). While important gains have been made recently in getting Tribal communities funds for opioid treatment and prevention, Tribes remain in need of more significant investments to combat the opioid epidemic and other co-occurring drug and alcohol addiction priorities. Therefore, NIHB requests that Congress:

- Increase a Tribal set-aside for opioid related treatment including the treatment and prevention of Hepatitis C virus.
- In coordination with Tribes, establish trauma-informed interventions to reduce the burden of substance use disorders including those involving opioids.
- Provide reimbursement for traditional healing services through Medicare and Medicaid and reduce additional barriers in the Medicaid program for the treatment of Substance Use Disorder.

Enact Special Behavioral Health Program for AI/ANs

AI/AN communities grapple with complex behavioral health issues at higher rates than any other population. Destructive federal Indian policies and unresponsive or harmful human service systems have left AI/AN communities with unresolved historical and generational trauma. According to the Substance Abuse and Mental Health Services Administration, suicide is the 2nd leading cause of death – 2.5 times the national rate – for AI/AN youth in the 15 to 24 age group. Congress should:

- Enact a program to target behavioral health treatment and prevention for Indian Country that would be modeled off of the Special Diabetes Program for Indians.
- Create an American Indian and Alaska Native mental health direct funding to Tribes to be administered by the Substance Abuse and Mental Health Services Administration.
- Increase appropriations across the federal government for Tribal behavioral health programs and empower Tribes to operate those programs through Tribal Self-Governance contracts.

Provide Continued Oversight and Accountability on the Indian Health Service (IHS) - Quality

The Indian Health Service (IHS) has recently come under scrutiny by inspectors at the Centers for Medicare and Medicaid Services (CMS) as well as the Office of Inspector General at HHS due to decreased accountability at certain IHS-operated hospitals. Reports of agency mismanagement, and lack of enforcement of quality measures, have resulted in patient safety violations and in some cases, even death. While the agency is working to correct these deficiencies, it is critical that Congress continue to provide oversight of the agency so that AI/ANs feel confident in the healthcare being provided. Yet, years after these findings have occurred, there is little evidence that IHS has undertaken measurable improvements in the program.

- We request that Congress continue oversight of the IHS as they work to improve quality healthcare delivery at the federally-operated hospitals and clinics.
- Congress should enact legislation that would ensure that the IHS undertakes serious reforms when it comes to quality of care health delivery, with full participation of Tribes including both Direct Service and Self-Governance Tribes.

Workforce Development for Indian Health and Public Health Programs

Closely connected with quality of care issues, are workforce challenges within the Indian health system. The Indian Health Service (IHS), Tribal health providers, and Tribal public health programs continue to struggle to find qualified medical and public health professionals to work in facilities or programs serving Indian Country. According to the Government Accountability Office (GAO) IHS has an "average vacancy rate for physicians, nurses, and other care providers of 25%."[2] Current vacancy rates make it nearly impossible to run a quality health care program. With competition for primary care physicians and other practitioners is at an all-time high, the situation is unlikely to improve in the near future. What we do know, is that the IHS has been unable

[2] GAO 18-580: "Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies"

to meet the workforce needs with the current strategy and IHS must improve its ability to address workforce challenges if the care needs of AI/ANs are going to be met. Therefore Congress should:

- Provide funding for programs designed to recruit and mentor AI/AN youth who are interested in health and public health professions.
- Provide better incentives for medical professionals who want to work at IHS and Tribal sites, including support for spouses and families, and better housing options.
- Enact proposals to provide medical professionals with more equitable pay and benefits in order to incentivize working for the IHS.
- IHS student loan repayment should be tax exempt so that the agency can provide more opportunities for this program. Expand the categories of eligible health professionals to include public health practitioners.
- Provide direct funding for Tribal medical residency programs.
- Continue to authorize and fund the Teaching Health Centers program.
- Recognize Pharmacists, Licensed Professional Counselors, and Licensed Marriage & Family Therapists as non-physician providers under Medicare Part B, to ensure eligibility for reimbursement of services provided in our Indian health systems.

Expand Tribal Self Governance at the Departments of Health and Human Services and Agriculture

For over a decade, Tribes have been advocating for expanding self-governance authority to programs in the Department of Health and Human Services (DHHS). Self-governance represents efficiency, accountability and best practices in managing and operating Tribal programs and administering Federal funds at the local level. In the 108th Congress, Senator Ben Nighthorse Campbell introduced S. 1696 - Department of Health and Human Services Tribal Self-Governance Amendments Act- that would have allowed demonstration projects to expand self-governance to other DHHS agencies. This proposal was deemed feasible by a Tribal/federal DHHS workgroup in 2011. In the 2018 Farm Bill, limited authority was granted to allow a self-governance demonstration project for the Food Distribution Program on Indian Reservations (FDIPR). Therefore, in 2019, NIHB recommends that Congress:

- ***Expand statutory authority for Tribes*** to enter into self-governance compacts with HHS agencies outside of the IHS.
- ***Allow Tribes to*** enter into self-governance compacts to administer the Supplemental Assistance for Needy Families Program (SNAP) and broaden self-governance authority under FDIPR.

Provide Resources to Improve the Health Information Technology (IT) system at the Indian Health Service (IHS)

It is critical that Congress provide resources necessary for the IHS and other federal health providers like the Department of Defense (DoD) and Veterans' Administration (VA) to make serious upgrades to their health information technology system. Failure to do puts patients at risk and will leave IHS behind unequipped for the 21st Century healthcare environment. The biggest barrier to achieving this has been the lack of dedicated and sustainable funding to adequately support health information technology infrastructure, including full deployment and support for Electronic Health Record (EHR). Resources, including workforce and training, have been inadequate to sustain clinical quality data and business applications necessary to provide safe quality health services. The information systems that support quality health care delivery are critical elements of the operational infrastructure of hospitals and clinics. The current IHS health information system is called the Resource and Patient Management System (RPMS), and is a comprehensive suite of applications that supports virtually all clinical and business operations at IHS and most Tribal facilities, from patient registration to billing. The explosion of Health IT capabilities in recent years, driven in large part by federal regulation, has caused the IHS health information system to outgrow the agency's capacity to maintain, support and enhance it. Therefore we request that Congress:

- Should provide a separate, dedicated funding stream to improve Health IT at IHS.

- Should provide dedicated authorized funding for major Health IT and Telehealth upgrades at IHS.
- Congress should require IHS to work closely with the Veterans Administration (VA) to coordinate on upgrades for the EHR systems at the respective agencies, and make upgrades in tandem.
- Add resources for those who maintain systems separate from RPMS.

Improve Care for Native Veterans

The federal government's trust responsibility to provide health care to all AI/ANs extends across all departments and agencies of the United States and includes the Veterans' Administration. And yet, although AI/ANs serve in the U.S. military at higher rates than any other race, they are underrepresented among Veterans who access the services and benefits they have earned. AI/AN Veterans are also more likely to lack health insurance and to have a disability, service-connected or otherwise, than Veterans of other races. The Tribal memoranda of understanding (MOUs) between the VA and the Indian Health Service (IHS), Tribes and urban Indian health care providers authorized under the Indian Health Care Improvement Act are ideal mechanisms for the federal government to preserve and build on the existing excellent relationships that the VA has with IHS and Tribal Health Programs. Yet, these agreements are at risk. To improve care to Native Veterans, we request:

- IHS and Tribal providers should be exempted from any value-based reimbursement scheme for other VA providers.
- Exempt all Native Veterans from copays and deductibles at the VA in accordance with the federal trust responsibility.
- Allow IHS and Tribal providers to be reimbursed by the VA for services provided under the purchased/referred care program.
- Pass legislation authorizing a Tribal Advisory Committee at the VA.

Support Dental Therapists (DTs) as a Solution to Indian Country's Oral Health Crisis

In January 2017, the Indian Health Service (IHS) began the process of expanding the Community Health Aide Program (CHAP) to Tribes throughout the country. Federal law prohibits IHS or Tribes from utilizing DTs as part of CHAP in any state besides Alaska unless the state gives its permission. This language raises a barrier between Tribes and oral health care services and is an inappropriate delegation to the states of the federal trust responsibility. However, many Tribes have opted to not wait for a remedy from Congress and are actively engaging with states to ensure Tribes can employ dental therapists and have their services reimbursed by state Medicaid programs.

- Continue to support the nationalization of CHAP.
- Encourage IHS and other federal agencies to build a health care workforce infrastructure inclusive of dental therapists.
- Encourage states to authorize dental therapy, adhering to the Alaska model as closely as possible.
- Advocate for federal legislation removing the state approval requirement for DTs under CHAP.
- Advocate for standardized oral health care benefits for AI/ANs under state Medicaid programs.
- Support policy proposals aimed at improving oral health in Tribal communities.

Support Native Youth Policy Agenda

NIHB fully supports the work of Native Children's Policy Agenda. Four national Native organizations – the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), the National Indian Child Welfare Association (NICWA), and the National Indian Education Association (NIEA) – have come together to create the First Kids 1st Initiative, a joint effort to improve the social, emotional, mental, physical, and economic health of Native children and youth to allow them to achieve their learning and developmental potential. First Kids 1st gives voice and support to Native children and youth and their Tribal communities so they can grow and thrive for years to come. Policy changes NIHB supports include:

- Improving access to health services through full funding of the Indian Health Service (IHS) and authorizing programs for school based health clinics.
- Supporting workforce development programs for Indian health and public health systems.

- Developing systems-level improvements to support traditionally and locally produced foods, especially in school-based lunch programs.
- Improving the behavioral health and wellbeing of native youth by increasing access to services and the creation of programs targeted at Native youth.
- Advocate for funding after-school programs and summer activities for children on reservations and in Alaska Native villages.
- Supporting alcohol and drug free communities by increased funding for Department of Justice, Substance Abuse and Mental Health Services Administration, and the Indian Health Service alcohol and drug treatment programs currently serving Native communities.
- Increasing funding to combat illegal drugs, including funding for police, special drug task forces, lab cleanup, and drug treatment programs.

Regulatory / Administration Requests

Educate Members of the Administration on Tribal Sovereignty and the Trust Responsibility

Many federal officials don't understand that Indians are not just racial entities but political entities, sovereign nations, with their own laws, cultures, and constituents. Tribes signed treaties and negotiated other agreements with the United States in which they ceded vast amounts of territory in exchange for certain solemn promises. These promises include protecting Tribal self-government and providing for the health and well-being of Indian peoples. Indian treaties are the supreme law of the land, and in carrying out these treaty obligations, the United States has "moral obligations of the highest responsibility and trust."

- Provide Members of the Administration with Memos/Fact Sheets on Indian Country, the Trust Responsibility, and Tribal Sovereignty.
- Educate the Administration that the Trust Responsibility extends to the entire Federal Government, not just within the Department of Health and Health and Human Services (HHS). Federal Agencies must work collaboratively to address the health needs of AI/AN.

Preserve and Expand Meaningful Federal Tribal Consultation

On November 6, 2000, President Clinton issued Executive Order 13175 that set forth clear definitions and frameworks for consultation, policymaking and accountability in order to support the following aims: (1) strengthen the government-to-government relationship between the United States and Indian Tribes (2) establish meaningful consultation with Tribal officials in the development of federal policies and (3) limit the number of unfunded mandates imposed on Indian Tribes. In 2009, President Obama issued an Executive Memorandum that called for the head of each federal agency to submit to the Director of the Office of Management and Budget (OMB), within 90 days, a "detailed plan of actions the agency will take to implement the policies and directives of Executive Order 13175." Moreover, President Obama's Executive Memorandum directs each agency head to submit annual progress reports, with updates on the status of each item listed in the agency's action plan, as well as information on any proposed changes to its plan. What followed was an astonishing seventeen agencies that created or updated Tribal consultation policies. Many of these consultation policies also created Tribal advisory committees to assist the department in the development of policies and regulations that have an impact on Tribes.

- Preserve the Executive Order on Tribal Consultation.
- Ensure that Tribal Consultation is meaningful and done in a timely manner that provides for informed Tribal Engagement.
- Preserve and Strengthen Tribal Consultation Advisory Committees and provide technical support.

Ensure and Facilitate Meaningful Tribal Consultation with the states

The current administration is promoting more flexibility and authority for states that receive federal funds or grants to operate their programs. Too often, states are not consulting with Tribes in the allocation and use of

these funds even though many states use Tribal statistics to apply for these funds and services. While there is no trust relationship between states and Tribes, when it comes to the allocation of federal resources, the federal government must facilitate and ensure that those resources reach Tribes and Tribes are engaged in how those resources are used.

- Work with Federal agencies to require Tribal consultation when States receive funds or services from the federal government.
- Facilitate Tribal consultation when possible between Tribes, states, and federal governments.
- Continue to hold the federal government responsible for how those resources are used.

Preserve Medicaid protections and expanded eligibility for American Indians and Alaska Natives

The Medicaid program is vital in fulfilling the federal trust and legal responsibility toward AI/ANs. In 1976, Congress enacted Title IV of the Indian Health Care Improvement Act (IHCIA) which amended the Social Security Act to require Medicare and Medicaid reimbursement for services provided in Indian Health Service (IHS) & Tribal health care facilities. This was intended to help fulfill the federal trust responsibility and bring additional revenue into the Indian health system. With discretionary appropriations consistently falling far short of need, Medicaid provides the Indian health system with much needed funding to provide basic healthcare services to AI/ANs.

In 2017, the Administration undertook efforts to reform to reform Medicaid by issuing guidance and supporting states that wish to implement Work Requirements and Community Engagement as conditions of eligibility for the Medicaid Program.

- Request an exemption for IHS eligible beneficiaries from state imposed work and community engagement requirements as a condition of eligibility for Medicaid.
- Request that the Administration maintain current special protections for AI/ANs in the Medicaid Program.
- Oppose any efforts the administration and states that would pose a barrier for AI/ANs to enroll in the Medicaid Program.
- Ensure that IHS and Tribes are not adversely affected by changes to the Medicaid program.
- Advocate for Tribal consultation before any policy changes to the Medicaid program are made.
- Expand services eligibility for Medicaid reimbursement.
- Provide technical assistance and training for enrollment in Medicaid.
- Request that all AI/ANs be eligible to receive Medicaid benefits at 138% or less of the Federal Poverty level .
- The Administration should direct Medicaid benefits to AI/ANs be uniform across the states.
- Expansion of 100% Federal Medical Assistance Percentage (FMAP) to Urban Indian Health Programs.

Improve the Health Information Technology (IT) system at the Indian Health Service (IHS)

On June 26, 2017, IHS issued a Dear Tribal Leader Letter (DTLL) announcing that it would be holding listening sessions related to the Resource and Patient Management System (RPMS) to seek input and recommendations on how best to modernize and improve the IHS's electronic health record (EHR) system. In the DTLL and the listening sessions, IHS announced that the U.S. Department of Veterans Affairs (VA) has announced plans to modernize their EHR by shifting away from the Veterans Information System and Technical Architecture (VistA) and adopting the MHS GENESIS, which is used by the Department of Defense (DoD). IHS explained during its listening sessions that RPMS shares much of VistA's infrastructure and that IHS benefits from the work the VA does to maintain and update VistA, adapting VistA software to the RPMS. During the listening sessions, IHS announced that for the VA the transition will take 8 to 10 years and will cost between $19 and $35 billion. NIHB attended the IHS listening sessions and welcomes this opportunity to comment as IHS considers the future of its EHR system.

- Encourage IHS to seriously explore working with the VA and DoD on adequate appropriations to ensure that the systems continue to operate together, and to increase the likelihood of achieving this result.
- Request the agency to prioritize interoperability between the IHS Health IT system and the systems that Tribes adopt.
- Request continued Tribal consultation over this transition to a new Health IT system.

Ensure Tribal Access to Data

Resources will continue to be needed to ensure that the Indian Health Service (IHS) include and work collaboratively with Tribes to further develop its Information Data Collection System Data Mart and ensure that Tribes can access their co-owned data. Doing so will improve overall clinical data reporting and provide the most accurate data for developing budget priorities, while allowing Tribal leaders and administrators the most accurate data in determining resource allocation and program development.

- Advocate for timely access to and ownership over Tribal data.
- Ensure adequate protections in place for Tribal and Patient data.
- Recommend that IHS, along with other federal agencies compile health data to evaluate the health effects and impacts on community; and partner with each other to explore addition additional funding options to address the health needs exposed through the data.

Ensure and improve access to culturally competent quality health care for Native Veterans.

American Indians and Alaska Natives (AI/ANs) serve in the U.S. military at higher rates compared to any other ethnic group, and have a higher concentration of female service members. AI/AN Veterans are more likely to lack health insurance, and have a disability, service-connected or otherwise, than Veterans of other races. Many AI/AN Veterans experience various challenges in receiving VA health care benefits in remote environments. AI/AN Veterans experience health disparities and barriers to access quality health care service due to factors such as distance, poverty, mental health symptoms, historical mistrust, and a limited number of culturally competent providers.

- Educate VA officials about the unique of the Indian health care system and ensure that any policy changes do not adversely affect the Indian health care system.
- Maintain and Strengthen the Implementation of the Memorandum of Understanding Agreements between the U.S. Department of Veterans Affairs, the Indian Health Service, and Tribal Health Programs.
- Request reimbursement from the VA for Purchased/Referred Care Services.
- Creation of a VA Tribal Advisory Health Care Committee to properly ensure that the VA fulfills its trust responsibility to AI/AN Veterans in a culturally competent manner.

Support IHS Efforts to Expand the Community Health Aide Program (CHAP)

CHAP has an enormous amount of potential for Tribes and AI/ANs outside of Alaska. This potential was recognized during the reauthorization of the Indian Health Care and Improvement Act (IHCIA). Tribal advocates supported the ability of IHS to expand CHAP to Tribes outside of Alaska and the support, coupled with the successful history of the program, had widespread lawmaker support along with language included in IHCIA ensuring that IHS had the authority to expand the CHAP outside of Alaska. As IHS moves forward with pursuing a national CHAP, careful consideration and Tribal consultation must take place on the parameters and scope of the program, the amount of flexibility that I/T/Us will have in growing the program, and where the funding comes from. Because there is much undetermined about what the program will be, NIHB strongly recommends that IHS work closely with Tribes, Tribal organizations, Urban Indian programs

to ensure that the CHAP is implemented in a thoughtful and considerate manner that respects Tribal sovereignty and authority as well as delivers quality, culturally-competent care for AI/ANs.

- Request to be a part of IHS/Tribal Workgroup to develop a policy to expand CHAP.
- Provide technical assistance to Tribes and IHS in expanding CHAP.
- Advocate for appropriate Medicaid reimbursement of the CHAP program.

Support and Expand Telehealth in Indian Country

The Indian health system has not yet been systematically resourced to establish either a sustainable telehealth infrastructure or governance program that would prioritize resources in accordance with identified need, establish and promote best practices, and formally evaluate and report on successes and issues. In communities where it is available, however, telemedicine has allowed Tribal Nations to dramatically improve access to care, accelerate diagnosis and treatment, avoid unnecessary medivacs and expand local treatment options. It has also helped reduce Medicaid costs.

- Recommend that the Federal Communications Commission (FCC) enter into a Memorandum of Understanding with the Indian Health Service to coordinate Health IT and telehealth efforts to best utilize government resources.
- Tribal Set Aside in FCC Health Funds.
- Establish a formal Telehealth Working Group to Address the Needs of Indian Country.