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**SPECIAL NIHB REPORT**

**Highlights of the NIHB Tribal Health Care Reform Implementation Summit**

On April 19<sup>th</sup> and 20<sup>th</sup>, National Indian Health Board hosted its *National Tribal Health Reform Implementation Summit* at the Washington Court Hotel in Washington, DC. With a speaking program that included key officials from the Obama Administration, Tribal Leaders, and others with expertise on the implementation of health care reform, and its relationship with Tribal health, attendees sat in on full-group and breakout panels on relevant, current issues.

After opening remarks from Chairperson, Cathy Abramson, and Executive Director, Stacy Bohlen, the Summit began with a panel entitled, "A View from the Administration." This first session of Administration panels featured Charles Galbraith, who is the Associate Director at the Office of Public Engagement in the White House and Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). Mr. Galbraith, an

enrolled citizen of the Navajo Nation and the White House Staffer primarily responsible for outreach to American Indians and Alaska Natives (AI/ANs), spoke of the President's commitment to Tribal nations. He stated that the President wants to hear from Tribal leaders on a variety of issues, including those relevant to the Tribal access to the Federal Employees Health Benefits (FEHB) program, which he called, "pressing." He also spoke to the President's budget request to Congress for Fiscal Year 2012, making note of fights ahead, but affirming the President's commitment to increasing funds for IHS.

Dr. Roubideaux provided an update on the implementation of the Patient Protection and Affordable Care Act (PPACA) and the Indian Health Care Improvement Act (IHCA). She noted that while there are some challenges to PPACA, both legislative and judicial, there is support for the entire law, especially IHCA, in both Houses of Congress. The Director said that the new law will be incredibly beneficial to IHS, providing increased flexibility and choice to patients and increased reimbursements for facilities. She also affirmed that IHS continues to move forward on a number of issues including the definition of Indian, access to FEHB, and the Memorandum of Understanding between the Department of Veteran's Affairs and IHS. As always, she invites Tribes and Tribal organizations to submit comments on any Tribal health-related issue to her at: [consultation@ihs.gov](mailto:consultation@ihs.gov)



Following remarks from the Administration was a panel entitled, *“To Insure or Not Insure?”*, focusing on the potential advantages and drawbacks, if any, to Tribes and individual members purchasing private health insurance through state-based exchanges. Panelists Carol Barbero and Elliott Milhollin, both partners at the law firm Hobbs, Straus, Dean, and Walker, along with Jim Crouch, the Executive Director of the California Rural Indian Health Board, provided an overview and advice. Overall, access to insurance through exchanges has the potential to expand affordable coverage to the members of many Tribes. Tribes that wish to purchase insurance on behalf of their members will have a number of issues to consider including, how to determine eligibility, consulting with states, sponsorship of premiums, and access to provider networks.

Day one of the Summit ended with two sessions of break-out workshops. Two workshops, *“Medicaid 101”* and *“Health Reform 101,”* gave those new to Tribal health basic overviews on these topics. Others, like *“Tribes as Employers and Sponsors”* and *“New Opportunities and Challenges for Indian Health Providers”* focused more on specific provisions and programs within PPACA and IHCA. Finally, the Health Resources and Services Administration and the Administration for Children and Families, discussed new grant opportunities for Tribes under PPACA.

NIHB hosted a second session of a *“View from the Obama Administration”* panel, this time featuring federal agency tasked with implementing parts of PPACA. Steve Larsen, the Director of the Center for Consumer Information and Insurance Oversight (CCIIO), spoke of the Administration’s commitment to work with stakeholders, including Tribes, on the establishment of state and federal health insurance exchanges. Christie Jacobs, the Director of the Office of Indian Tribal Governments within the Internal Revenue Service (IRS), spoke on tax provisions in PPACA that benefit individual AI/ANs. Ms. Jacob’s remarks focused on the AI/AN exemption from the individual

mandate to carry health insurance and the definition of Indian for the purposes of enforcing that mandate as well as honoring the exemption. The final speaker was Andrew Rein, the Associate Director for Policy at the Centers for Disease Control and Prevention. His presentation centered on new public health benefits in PPACA, including increased access to preventive services, the Prevention and Public Health Fund, and a National Prevention Strategy.

The next panel, *“State Based Health Insurance Exchanges: What Do They Mean for Individual Indians and Tribes,”* updated participants on the establishment of exchanges, as well as Tribal recommendations for the program. Claire McAndrew, a Health Policy Analyst with the non-profit, Families USA, spoke on the varied stages of implementation states are in as they work to establish exchanges before 2014. Lisa Wilson and Lisa Marie Gomez with CCIIO discussed the requirement for state-Tribal consultation as a condition of establishing exchanges. Finally, Myra Munson, a partner with the law firm, Sonosky, Chambers, Sachse, Miller, and Munson, presented Tribal recommendations for the implementation of exchanges, including revising the definition of Indian, ensuring that web portals for insurance purchase are AI/AN friendly, and allowing Tribes to sponsor the premiums of their members.

The third and final session of workshops concentrated on PPACA’s interaction with a variety of AI/AN constituencies. Summit participants could choose from breakout sessions that addressed what PPACA means to the individual AI/AN, to the public health and prevention arena, to behavioral health, and to elder care. As PPACA is far-reaching and concerned with all aspects of health care, learning about how it changes and benefits these areas of health is vital to Tribes and providers.

After these workshops, Summit attendees were treated to a luncheon plenary session titled *“Repeals and Appeals: A Review of the Legislative and Judicial Challenges to the*



*Implementation of the Affordable Care Act.*” Nick Bath, the Senior Health Policy Advisor for the Senate Committee on Health, Education, Labor, and Pensions (HELP), discussed the Senate’s commitment to protect PPACA from legislative repeal. He noted that while there have already been several challenges in the House of Representatives, and that we can expect many more, Senate Majority Leader, Harry Reid (D-NV) will not allow repeal to move forward. Geoff Strommer, a partner at the law firm, Hobbs, Straus, Dean, and Walker, presented on judicial challenges to the law. He noted that all six cases against the law are in repeal, and that the Supreme Court is highly unlikely to take up any of them this session.

NIHB ended the Summit with a panel of Congressional staff and the presentation of a National Tribal Health Reform Implementation Toolkit to guests. Together with NIHB Executive Director, Stacy Bohlen, Richard Litsey of the Senate Committee on Finance, Wendy Helgemo with Senate Majority Leader, Harry Reid (D-NV), and Brandon Ashley with the House Natural Resources Subcommittee on Indian and Alaska Native Affairs Majority Staff, gave an overview of the legislative landscape in the 112<sup>th</sup> Congress. Each of the presenters emphasized the importance of IHCIA and Indian health, as well as the importance of Tribal participation in all stages of the legislative process.

In all, the *National Tribal Health Reform Implementation Summit* was a premiere learning experience for participants and presenters alike. If Tribes, the Obama Administration, Congress, and other stakeholders continue to work together, PPACA and IHCIA will prove to be highly beneficial to the health of all Tribal nations. For more information on the Summit or health reform implementation, please visit:

<http://www.nihb.org/indianhealthreform/National-Tribal-Health-Reform-Implementation-Summit-2011>

## NIHB UPDATES

### NIHB PPACA Outreach Survey

The National Indian Health Board continues its commitment to provide Tribal education, training, outreach, and communication regarding the implementation of the Patient Protection and Affordable Care Act (PPACA) and the Indian Health Care Improvement Act (IHCA).

As a follow up to the NIHB’s National Tribal Health Reform Implementation Summit in Washington, DC on April 19 – 20, 2011, we are seeking input on the summit and your priorities for future trainings and education. This survey will allow attendees to provide necessary feedback for NIHB’s future trainings, workshops, etc. In addition to the attendees, we would like non-attendees to also participate in this brief survey to assist our organization in improving and enhancing current and future materials and trainings.

Implementation of the PPACA and IHCA will be a long term effort, and surveys of this type will be utilized throughout this process to ensure training and education continually targets the needs of Indian Country.

This survey is completely anonymous. All data will be reported in aggregate so that no one individual is identifiable. Your participation is incredibly important to ensure that the outreach and training around PPACA and IHCA is consistent with what your community needs. Please complete this survey by Friday May 13, 2010 by 12am.

To complete the survey, please visit:

[http://www.surveymonkey.com/s/NIHBSurvey\\_May2011](http://www.surveymonkey.com/s/NIHBSurvey_May2011)



### **Expedited Supreme Court Hearing Denied: Affordable Care Act**

On April 25, the Supreme Court denied the state of Virginia's request to for its challenge to the Patient Protection and Affordable Care Act (ACA) to be considered there, bypassing the appeals process. The case, which questions the constitutionality of the law's mandate for individuals to carry health insurance, was rejected by the high court without comment. While this doesn't preclude the court from hearing the case at a later date, for now, it will be subject to the appeals process like other challenges.

#### **NEXT WEEK ON THE HILL**

#### **HOUSE SUBCOMMITTEE ON INTERIOR APPROPRIATIONS PUBLIC WITNESS HEARINGS ON FY 2012 BUDGET FOR TRIBAL PROGRAMS**

MAY 3-4, 2011

B-308 RAYBURN HOB  
WASHINGTON, DC

#### **HOUSE COMMITTEE ON EDUCATION AND THE WORKFORCE HEARING ON, "POLICIES AND PRIORITIES OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES"**

MAY 5, 2011

10:00 AM  
2175 RAYBURN HOB  
WASHINGTON, DC



**National Indian Health Board**

**Introduces**

**The 28<sup>th</sup> Annual Consumer Conference**




**September 26-29, 2011**  
Anchorage, Alaska

#### **Sign Up for Washington Report, at:**

[http://www.nihb.org/legislative/washington\\_report.php](http://www.nihb.org/legislative/washington_report.php)

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