



National Indian Health Board

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The National Indian Health Board Leads on Amicus Brief to Protect Affordable Care Act

The National Indian Health Board with numerous Tribes and Tribal organizations – including the National Congress of American Indians – have jointly filed an amicus brief in the most prominent case pertaining to the Patient Protection and Affordable Care Act (ACA) – *State of Florida et al. vs. U.S. Department of Health and Human Services et al.* Immediately filed after the enactment of the ACA, 26 state government plaintiffs challenged the constitutionality of the individual mandate – the ACA requirement for all individuals who can afford health care insurance to purchase a minimally comprehensive insurance policy. In his opinion, Judge Roger Vinson, a federal District Court judge in the Northern District of Florida, concluded that Congress overstepped its bounds with this requirement and because this provision is unseverable from the ACA, i.e., not able to be separated from rest of the law, the entire ACA must be struck down along with the individual mandate provision

This case is now on appeal at the U.S. Court of Appeals for the Eleventh Circuit, and the National Indian Health Board, National Congress of American Indians, Tribes and Tribal organizations are adding their voice in the case as amicus curiae – meaning “friend of the court.” (Individuals or entities that are not parties in the case but have an interest or perspective on issues of a case may seek to file an amicus brief to provide input on the issues being argued.) The amicus brief effort was initiated by the Seminole Tribe of Florida, and with their backing, the National Indian Health Board is serving as the lead on the Tribal amicus brief. In this brief, the Tribes are expressing that the lower court’s ruling on this issue was overbroad and that the IHCA and the Indian specific provisions of the ACA are independent from ACA’s individual mandate provision and these provisions should not be struck down.

This case is one of the many cases to watch as it proceeds through the appeal process and, likely, the Supreme Court will hear this case in the near future. Stay informed about the progress of this case via the NIHB’s *Washington Report*. (*Washington Report* is a weekly legislative and regulatory e-publication of the NIHB. To receive the NIHB *Washington Report*, contact Liz Malerba, Legislative Assistant, at lmalerba@nihb.org.)

NIHB to Host National Tribal Health Reform Implementation Summit *Washington Court Hotel, April 19-20, 2011*

What does the Affordable Care Act mean to me as an individual? How do Tribes participate in State Health Insurance Exchanges? How do I insure my Tribal employees? What is the Obama administration doing to ensure a smooth implementation process?

One year later, a number of questions – new and old – surround the implementation of the Affordable Care Act and the Indian Health Care Improvement Act. Through education and shared experience, it is our goal to empower Tribes, health professionals, and individuals to navigate and employ the benefits of the new health care law. As implementation continues, Tribal involvement and access are crucial to achieving positive change in Indian health.

That is why NIHB is hosting a National Tribal Health Reform Implementation Summit to be held on April 19-20, 2011 at the Washington Court Hotel in Washington, DC. With timely information offered for all levels of familiarity with the Patient Protection and Affordable Care Act, as well as the reauthorization of the Indian Health Care Improvement Act, the Summit will cover such topics as the basics of health reform, navigating federal agencies, and accessing new programs.

Tribes, providers, advocates, and individuals will have the unique opportunity to hear from key Administration officials, Congressional staff, and other experts with up-to-the-minute knowledge of Health Care Reform and its benefit to Indian Country. This is an event not to be missed. For more information or to register, please refer to the NIHB website or contact Liz Malerba, Legislative Assistant, at lmalerba@nihb.org.

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From the Chairperson

Dear Friends of the National Indian Health Board:



My name is Cathy Abramson. I am a Council Member of the Sault Ste. Marie Tribe of Chippewa Indians located in Michigan's Upper Peninsula and I am the Bemidji Area Representative to the Board of Directors of the National Indian Health Board (NIHB). On January 17, 2011, I was elected NIHB's Chairperson, an honor I accept with gratitude and humility and enthusiasm to serve our People.

NIHB and the Tribes are working diligently to ensure that the Affordable Care Act, and with it the Indian Health Care Improvement Act, are implemented on time and in a way that best helps the Tribes. This issue of Health Reporter offers great information and resources about these efforts. NIHB hosts a national Tribal Health Care Reform Implementation Summit April 19 and 20, 2011 in Washington, DC and we invite you to join us to gain cutting-edge information and ensure your Tribe is benefiting from the best information and opportunities available on health care reform.

In addition, NIHB has developed and launched a Tribal Health Care Reform Implementation Resource Center on our website. Go to www.nihb.org for the latest Tribally-relevant health care reform information available.

Like all of us in Indian Country, the work we do for our People rarely occurs in a Time of Plenty for the Tribes, and 2011 is a time of constrained budgets and a struggling economy. We need your help. NIHB is the only private organization in the world that is solely-devoted to serving all Federally Recognized Tribal Governments in their work to improve the health care service, policy, funding, status and the public health systems of their People. Founded in 1972 by the Tribes, this is a truly Tribal Organization: This is Your Organization. Today, Your Organization needs your assistance and support.

We ask for your financial support so that the work of elevating the voice of the Tribes – one Voice for the health of our People – continues in a robust way, an effective way and in a good way. Through the NIHB, the Tribes have made tremendous strides in improving the health of our People. But our work is not done. Please send your contributions to: National Indian Health Board, 926 Pennsylvania Avenue, SE, Washington, DC 20003.

Please know that the members of the NIHB Board of Directors, each of whom was chosen by you, the Tribes, to serve on this Board, are ready, willing and able to work directly with you to advance the health care concerns of our People. Please contact the NIHB Board Member representing your Area often and let them know your concerns as well as your successes. The names and contact information for all NIHB Board Members is included in this edition of Health Reporter as well as on the NIHB website: www.nihb.org

The NIHB would like to acknowledge the work and support of the dedicated and excellent Tribal members and staff of the Area Indian Health Boards or Regional Tribal Organizations. As NIHB's new Chairperson, I reach out my hand on behalf of NIHB to re-affirm and strengthen our relationships. Together, we have done and will continue to do great things for our People. We are working to assist each Board Member with strengthening the interactions with the Tribes in each Area and the NIHB. NIHB's staff and Board members will rely upon the support of the Area Indian Health Boards or Regional Tribal Organizations to achieve this.

Finally, our Board appreciates and recognizes the hard work and dedication of the NIHB's staff. The names, contact information and responsibilities of the staff members is included in this edition of Health Reporter. We appreciate NIHB's excellent staff and their service to our People's health. For more information about the NIHB or if you need assistance or information that NIHB may provide, please reach to NIHB's Executive Director, Stacy Bohlen, at sbohlen@nihb.org

Health to You and I look forward to seeing you soon,

Cathy Abramson

Celebrating the First Anniversary of ACA!

On March 23, 2011, the National Indian Health Board (NIHB) joined others throughout the Country in celebrating the first anniversary of the Patient Protection and Affordable Care Act (ACA) and the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). This anniversary is a milestone in the journey to revolutionize this nation's health care system and the Indian health care system. As with the debate on health reform two years ago, this story will continue with the implementation of ACA and IHCIA for years to come and the NIHB will continue to lead and be an integral part of this conversation in service to Indian Country.

NIHB serves as both a key advocate to ensure the Indian health care system is protected and strengthened through the legislative and regulatory process and as an educator in the outreach and education effort around the ACA and IHCIA. It is important for American Indians and Alaska Natives (AI/AN) to be well-informed on the law's effects on Native health, and the rights, responsibilities and opportunities presented in the health care reform law. The following is review of key tribal recommendations for health reform and the NIHB's effort to keep Tribes informed on ongoing developments in IHCIA and ACA.

In 2009, the NIHB, together with the National Congress of American Indian (NCAI), and the National Council of Urban Indian Health (NCUIH), examined reform proposals from the perspective of the Indian health system, and determined that Indian-specific policies must be included in order to assure that the Indian system is not harmed. The organizations took the first step and with the support of the Tribes, presented congressional leaders with a joint paper titled "Health Care Reform – Indian Country Recommendations" This paper included a collection of recommendations that, in concert with increased appropriations, will dramatically improve health care delivery for Indian people. Some of the key recommendations included:

- **Inclusion of the IHCIA.** After over a decade long effort by Tribes, Tribal organizations, and Tribal advocates, the reauthorization of the Indian Health Care Improvement Act was included and made permanent in the ACA.
- **Assure Indian health programs are included as Provider Networks in Exchanges.** This recommendation was not included in the ACA. NIHB and others continue to advocate through the regulatory process for this. For more information see the below recommendations section.
- **Authority and Funding for Outreach and Education to Assist with Enrollment in Any Public Funded Health Program such As Medicaid or Any Government Subsidy Offered Through the Health Exchange.** Under the ACA, the Exchanges will be required to provide for special monthly enrollment periods for American Indians/Alaska Natives.

The NIHB celebrated the passage of the IHCIA on April 28, 2010, which included the first national, Tribal training session on the new laws. Since then, the National Indian Health Board has conducted many briefings and trainings across the country as well as engaging in other activities distributing information about health reform which included the launch of a new, health care reform specific, website and resource center for American Indians and Alaska Natives, www.nihb.org/indianhealthreform.

Additionally, the NIHB has been actively submitting comments on consultations and responding to Federal Register notices on provisions being

implemented. NIHB has engaged a team of technical experts throughout Indian Country, including Tribal leaders, health directors, policy experts, and the Medicare/Medicaid Policy Committee to provide the best recommendations on behalf of Indian Country.

Health Reform Offers Tools and Resources to Advance Health of Indian Communities: The Task Ahead

In many ways, Indian country is now facing the most challenging part of health reform: capitalizing on the opportunities that enactment of the Patient Protection and Affordable Care Act (ACA), including the amendment and permanent reauthorization of the Indian Health Care Improvement Act (IHCIA), provides.

Heightened revenues may be secured from enrolling uninsured American Indians and Alaska Natives (AI/AN) in comprehensive health insurance coverage. Expanded prevention efforts may be supported through new planning and implementation grants. AI/AN may experience greater access to I/T/U (Indian Health Service, Tribes and tribal organization, and urban Indian organization) providers in health plan networks. The Indian health system has the potential of being strengthened if direct Congressional appropriations are maintained or increased and I/T/Us generate additional third-party revenues.

Continued coordination between local implementers, such as Tribes, tribal employers, and Area Health Boards, and NIHB and other national organizations, will serve to clarify what information is needed at the local level and what requirements and opportunities exist under the new Federal law.

Provisions of the health reform law that require active engagement with agencies of the Federal government and the States during implementation include the following:

- Ensuring access to the Federal Employees Health Benefits Program for all statutorily eligible persons – i.e., all employees (and their families) of Indian Tribes and tribal organizations carrying out programs under the Indian Self-Determination Act and urban Indian organizations carrying out programs under title V of the IHCIA.
- Ensuring on-going consultation with Tribes in the development and operation of State-based Health Insurance Exchanges.
- Establishing a uniform definition of American Indians and Alaska Natives for purposes of determining eligibility for extra cost-sharing protections and waiver of penalties for AI/AN who choose not to purchase insurance.
- Implement functional processes for identifying American Indians and Alaska Natives during the health insurance enrollment process.
- Implementing IHCIA section 405(c) that requires the Departments of Defense and Veterans Affairs to reimburse IHS and Indian Tribes and tribal organizations for services rendered to beneficiaries eligible for services from either Department.
- Ensuring access to I/T/U providers in health plans offered through the new Exchanges. (See inset box on "Essential Community Providers".)
- Enabling Tribal Financial Sponsorship of all or a portion of the unsubsidized premiums for AI/AN individuals enrolled in Exchange health plans.
- Retaining and enforcing AI/AN and I/T/U-specific protections and provisions in the Medicaid program.

“Let’s Move” In Indian Country

The “Let’s Move” campaign is in full swing across the United States and within our Tribal Nations. The “Let’s Move” campaign was developed by a simple idea “that each of us has the responsibility to give our children the healthy future they deserve” was reignited by First Lady Michelle Obama’s first Anniversary video.

Professional football player and member of the Northern Cheyenne Tribe, Levi Horn, introduced the Presidential Active Lifestyle Award (PALA) to over 40,000 students at Bureau of Indian Education (BIE) schools. With BIE Deputy Director Bart Stevens, Mr. Horn visited the National Indian Programs Training Center in Albuquerque, New Mexico to make this announcement through ELKNet—a satellite broadcast system that reaches all 183 BIE schools. Together, the BIE and the “Let’s Move” campaign challenge American Indian / Alaska Native students to lead active, healthy lifestyles by committing to 60 minutes of physical activity per day, 5 days a week, for 6 out of 8 weeks. The “Let’s Move” goal is to have 25,000 people across Indian Country signed up for PALA by August 2012.

Native youth who sign the PALA challenge have an opportunity to get healthy while learning about their heritage and culture. Traditional activities like lacrosse, canoeing, archery, and hiking all count toward the goal of 60 minutes of activity per day. These activities can also offer young people a chance to learn about their natural surroundings and rediscover traditional games.

The United States Department of Agriculture (USDA) in partnership with “Let’s Move” campaign also unveiled the “mypyramid” (<http://www.mypyramid.gov/>) web portal—a web-page of resources with interactive tools to get a personalized eating plan, or to plan and assess your food and physical activity choices based on the dietary guidelines for participants. The website states that “one size does not fit all” and offers participants and communities resources to develop localized or personalized information to stay fit and ultimately build healthier lives. 🍌

▶ Continued from page 3 [1st Anniversary of ACA]

I/T/Us Are Essential Community Providers: A central goal of the ACA is to ensure that all Americans, regardless of income or location, have access to a sufficient choice of health care providers. This is achieved, in part, by requiring “essential community providers... that serve predominantly low-income, medically-underserved individuals” to be included in the networks of all health plans offered through the to-be-established health insurance exchanges. I/T/U providers are “essential community providers” for Indian communities. NIHB issue paper: I/T/U are ECP. [—make this a Web link to paper]

Provisions in the health reform law that provide new funding opportunities for individual AI/AN and for Tribes and tribal organizations (assuming Congress does not reduce or eliminate funding) include:

- Eligibility for free Medicaid coverage for all American Indians and Alaska Natives and others with family income up to 133% of poverty level.
- Cost-sharing exemptions under Exchange plans for AI/AN with family income up to 300% of poverty level.
- Premium assistance for AI/AN and others with family income up to 400% of poverty who are enrolled in health plans through an Exchange.
- Eligibility for grants from State-based Exchanges to conduct Navigator services, such as providing public education on the availability of subsidized health plans and facilitating enrollment in health plans offered through an Exchange.
- Under State option, ability of I/T/Us to conduct eligibility determinations for children under CHIP and Medicaid through the Express Lane agency authority. [<http://peerta.acf.hhs.gov/uploadedFiles/Express%20Lane%20Eligibility%20Slide%20Show%2010-21-10%20508%20Compliant.pdf> - link under highlighted phrase.]
- Grants under the Prevention and Public Health Fund for a range of public health (disease prevention / health promotion) activities, including funding the Community Transformation Grant Program of which 20% is to be awarded to rural and frontier areas. (<http://www.hhs.gov/news/press/2011pres/02/20110209b.html>) – link under highlighted phrase above-
- Maternal, infant, and early childhood home visiting program, under ACA section 2951, that provides funding to States, Tribes, and territories to develop and implement one or more evidence-based models, with a minimum of 3 percent of total appropriated funds (\$45 million) to be awarded to Tribes, tribal organizations and urban Indian organizations.
- Expanding the quality and capacity of the health care workforce through a range of programs.

If funded and implemented effectively, the health reform law will provide significant new resources to improve the health status of American Indians and Alaska Natives across Indian Country.

NIHB will continue to be a resource on the requirements and opportunities available under health reform. Through the NIHB website on health reform, <http://www.nihb.org/indianhealthreform/home>, and through direct email distributions, NIHB will continue to publish issue papers as well as disseminate examples of successful efforts by individual Tribes, Area Health Boards, and others to maximize opportunities under the law. Together, and step by step, we can use these expanded tools to continue to make a difference building healthier communities and healthier lives.

For additional information, contact Jennifer Cooper, Legislative Director, NIHB at jcooper@nihb.org. 🍌

President Obama Releases FY 2012 Budget Request



NIHB Board members and staff meeting with Congressman Don Young on NIHB Hill Day, January 19, 2011.

On February 14, President Obama released his budget request for Fiscal Year (FY) 2012 to Congress. As expected, the President's budget includes over \$1 trillion in deficit reduction, two-thirds of which is achieved through spending cuts. Cuts include reductions in several government programs, and a 5-year freeze on domestic spending.

In spite of this, the President's request for the Indian Health Service (IHS) budget is actually higher than in previous years. At \$4.624 billion, it represents a 14.1% increase over FY 2010 appropriated levels and a 4.9% increase over his request for FY 2011. In exempting IHS from the spending freeze, the Obama Administration continues to demonstrate its commitment to honor the federal government's treaty obligations and trust responsibilities.

The President has very carefully targeted the additional money, based on recommendations from Tribes. In his request, Contract Health Services receives a 21.1% increase from \$779,347 (FY 2010 enacted) to \$948,646. Contract Support Costs also receive a healthy increase, 41.1 %, from \$398,490 to \$461,387. Additionally, the Preventive Health and Facilities lines receive greater funding in the President's request as well.

As both Houses of Congress remain locked in debate over how to fund the remainder of this year, it is unclear which parts, if any, of the President's 2012 request will be appropriated. The continuing review and work on appropriations for FY 2011 and FY 2012 remains in their hands.

NIHB remains committed to retaining the increases in the President's request, as well as protecting current levels of funding from cuts and rescissions. In January, NIHB Board Members met with House Subcommittee on Interior Appropriations Chairman Mike Simpson to advocate for improved and preserved Indian Health funding for both FY 2011 and FY 2012. Chairperson Abramson will be testifying in support of IHS funding before the House Appropriations Committee. NIHB continues to advise the Subcommittee as the budget debate moves forward.

For more information, please contact Legislative Assistant, Liz Malerba at lmalerba@nihb.org. 



Indian Health Now - advocating for HR 1328 (110th Congress) - Indian Health Care Improvement Act.



Senator Byron Dorgan, an American Indian and Alaska Native healthcare advocate, announcing the passage of the Indian Health Care Improvement Act.



Upper Row: Executive Assistant Lena Marceno and Executive Director Stacy Bohlen; 3rd Row: Public Health Intern Blake Harper, Office Assistant Bryce Roth, and Deputy Director Evangelyn Dotomain; 2nd Row: Legislative Director Jennifer Cooper, CMS Project Assistant Tyra Baer, and HITECH REC Deputy Director Shawn Leckey; 1st Row: Behavioral Health Program Coordinator Sepieono Locario and Legislative Assistant Liz Malerba

NIHB Highlights Area Health Boards

Great Plains Tribal Area Indian Health Board (GPTAIHB)

The Aberdeen Area Tribal Chairmen's Health Board is established in order to provide the Indian people of the Aberdeen Area with a formal representative Board as a means of communicating and participating with the Aberdeen Area Indian Health Service and other health agencies and organizations on health matters. The GPTAIHB serves 18 Tribes in the Aberdeen Area

The communities represented and served by the GPTAIHB include: Fort Berthold Affiliated Tribes, Standing Rock Sioux Tribe, Spirit Lake Tribe, Turtle Mountain Chippewa Tribe, Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe, Flandreau Santee Sioux Tribe, Oglala Sioux Tribe, Rosebud Sioux Tribe, Yankton Sioux Tribe, Sisseton-Wahpeton Sioux Tribe, Ponca Tribe of Nebraska, Omaha Tribe of Nebraska, Santee Sioux Tribe of Nebraska, Winnebago Tribe of Nebraska, Sac & Fox Tribe of Mississippi, Trenton Indian Services.

Highlights of GPTAIHB activities include:

- Northern Plains Tobacco Prevention Program serves the Northern Plains by offering tobacco education & capacity building training, tobacco prevention through Just Eliminate Lies (www.jeliowa.org), smoking cessation resources, tobacco use surveillance, technical assistance and evaluation.
- The Northern Plains Healthy Start project commits to the mission of promoting healthy families and improving birth outcomes for Native American women by providing Targeted Case Management Services.
- The Northern Plains Asthma Prevention Campaign (NPCHP) will provide education on the management and prevention of environmental asthma triggers to a population of almost 200,000 tribal members residing on seventeen reservation and two urban Indian service areas in North Dakota, South Dakota, Nebraska, and Iowa and will provide effective outreach by merging evidenced based practice with a culturally competent approach.
- The Northern Plains Tribal Epidemiology Center (NPTEC) provides leadership, technical assistance, support, and advocacy to the 18 Aberdeen Area tribal nations and communities in order to eliminate the disparities in health that currently exist for tribal people of the four-state region of Iowa, Nebraska, North Dakota and South Dakota

Website: www.gptchb.org

NIHB Area Board Member:

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John Blackhawk

GPTAIHB Executive Director:

Ron His Horse is Thunder, JD –
Standing Rock Sioux
Aberdeen Area Tribal Chairman's Health Board
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Alaska Native Health Board (ANHB)

The Alaska Native Health Board (ANHB), established in 1968, is recognized as the statewide voice on Alaska Native health issues. The purpose of the ANHB is to promote the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people.



The communities represented and served by the ANHB include: Alaska Native Tribal Health Consortium, Tanana Chiefs Conference, Norton Sound Health Corporation, Copper River Native Association, Yukon Kuskokwim Health Corporation, South East Alaska Regional Health Corporation, Kenaitze Indian Tribe, Valdez Native Tribe, Aleutian/Pribilof Islands Association, Inc., Arctic Slope Native Association, Bristol Bay Area Health Corporation, Chugachmuit, Council of Athabaskan Tribal Governments, Eastern Aleutian Tribes, Karluk IRA Tribal Council, Ketchikan Indian Community, Kodiak Area Native Association, Maniilaq Association, Metlakatla Indian Community, Mt. Sanford Tribal Consortium, Native Village of Eklutna, Native Village of Tyonek, Ninilchik Village Traditional Council, Seldovia Village Tribe, Southcentral Foundation.

Highlights of ANHB activities include:

- Quarterly full board meetings. These meetings serve as a forum for discussion of health issues affecting all of Alaska's regions. ANHB's strength comes from its ability to present a unified voice on health matters affecting Alaska Natives statewide.
- ANHB serves as advisor to the Director of the Alaska Area Native Health Service (AANHS), the U.S. Senate Committee on Indian Affairs, and the House Interior and Insular Affairs Committee on federal legislation and appropriations affecting Alaska Native health programs.
- ANHB also works closely with the Commissioner of the Alaska Department of Health and Social Services (DHSS), state legislators, and others to keep them informed on Native health concerns and priorities.

Website: www.anhb.org

NIHB Area Board Member:

H. Sally Smith – *Yupik Eskimo*
Alaska Area Representative
Bristol Bay Area Health Corporation
Email: ssmith@bbahc.org



H. Sally Smith

ANHB President/CEO:

Lanie Fox
Alaska Native Health Board
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Albuquerque Area Indian Health Board (AAIHB)



The Albuquerque Area Indian Health Board, Inc. advocates on behalf of American Indians through the delivery of quality health care services, which honor spiritual and cultural values. AAIHB is a nonprofit organization, 100 percent Indian-owned and operated, serving tribal communities in New Mexico and southern Colorado. AAIHB provides specialized health services including clinical Audiology and HIV/AIDS prevention education, as well as advocacy, training, innovative capacity building programs and technical assistance.

The communities represented and served by the AAIHB include: Alamo Band of Navajos, TóHajiilee (formerly Canoncito) Band of Navajos and Ramah Band of Navajos, Mescalero Apache Tribe, Jicarilla Apache Nation, Ute Mountain Ute Tribe, and Southern Ute Indian Tribe. In recent years, AAIHB has expanded its service base to include the urban American Indian population of Albuquerque, NM.

Highlights of AAIHB activities include:

- Southwest Tribal Epidemiology Center (AASTEC) serving 27 tribes in Colorado, NM and Texas surveying 8 tribes with BRFSS Projects, and 23 middle and high schools with Southwest Tribal Youth Projects and presentations of results to school officials and tribal councils.
- The Heart and Mind Study project is conducted in Isleta Pueblo.
- The audiology program will launch a Tele-audiology project utilizing tele-health to provide audiological services in collaboration with Jicarilla Tribe, and I.H.S. NARCH established and actively conducts its Southwest Tribal IRB for service tribes.
- The Tribal Community Colorectal Health Education & Navigation Program is conducting national trainings.
- The HIV/AIDS Prevention will conduct the 10th Circle of Harmony HIV/AIDS Wellness Conference on April 18-21, 2011 in Albuquerque, New Mexico.

Website: www.aaih.org

NIHB Area Board Member:

Lester Secatero – T'Hajiilee Band of Navajos

Albuquerque Area Representative
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AAIHB Interim Executive Director:

Nancy Martine-Alonzo
Albuquerque Area Indian Health Board
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Lester Secatero

Upcoming Events

April 2011

Indian Health Services (IHS) Tribal Injury Prevention Cooperative Agreement Annual Meeting
April 13-14, 2011
Rockville, MD

National Indian Child Welfare Association (NICWA) 29th Annual "Protecting Our Children" National American Indian Conference on Child Abuse and Neglect
April 17-20, 2011
Anchorage, AK

NIHB National Tribal Health Care Reform Implementation Summit
April 19-20, 2011
Washington, DC

Tribal Technical Advisory Group Consultation Subcommittee
April 21-22, 2011
Portland, OR

Health and Human Services (HHS) Regional Tribal Consultation Meeting Region 6, 8 and 9
April 26, 2011
Window Rock, AZ

May 2011

Annual Tribal Self-Governance Conference
May 2-6, 2011
Palms Springs, CA

Rocky Mountain Tribal Health Conference
May 2-6, 2011
Billings, MT

IHS 2011 Advances in Indian Health Conference
May 3-6, 2011
Location TBD

National Congress of American Indians (NCAI) 2011 Annual Tribal Exchange Network Tribal Users Conference
May 4-5, 2011
Palm Springs, CA
United Southern & Eastern Tribes Inc. (USET) Mid year Conference
May 16-19, 2011
Marksville, LA

Bureau of Indian Affairs/ Tribal Budget Advisory Council (BIA/TBAC 2011)
May 24-25, 2011
Washington, DC

June 2011

Society of American Indian Government Employees (SAIGE) 8th Annual National Training Conference
Jun 13-17, 2011
Tulsa, OK

NCAI Mid-Year Conference
June 13-16, 2011
Milwaukee, WI

Medicare, Medicaid and Health Reform Policy Committee (MMPC) Face to Face Meeting
June 23-24, 2011
Denver, CO

July 2011

MMPC Face to Face Meeting
July 26, 2011
Washington, DC

Tribal Technical Advisory Group Face to Face Meeting
July 27-28, 2011
Washington, DC

NIHB AI/AN National REC: Indian Country Steps into Health Information Technology

Improving the nation's health care through health information technology (health IT) is a major initiative for the U.S. Department of Health and Human Services (HHS). The Office of the National Coordinator for Health Information Technology (ONC), with funding made available through the American Recovery and Reinvestment Act (ARRA) appropriated \$667 million to support this initiative, funding 62 Regional Extension Centers (RECs or R-E-Cs) to help more than 100,000 primary care providers across the United States achieve meaningful use (MU) of electronic health records (EHRs). These funds were made available through grants and cooperative agreements in early spring of 2010. Recognizing the opportunity to enhance health IT in Indian Country's health care delivery system, the National Indian Health Board collaborated with area health boards, Tribal and urban health organizations, higher education organizations and interested stakeholders, to successfully write a proposal resulting in a \$15.6 million dollar cooperative agreement from ONC to establish the NIHB American Indian/Alaska Native National Regional Extension Center (NIHB AI/AN National REC).

The national initiative toward integration of electronic health records (EHR) and utilization of information technologies in health care delivery are important steps for Indian Country to participate in as full partners in health care delivery innovation. The primary focus of the REC initiative is to assist eligible providers to adopt and meaningfully use EHRs, ultimately enhancing the opportunity of those providers to meet criteria established by the Centers for Medicare and Medicaid Services (CMS) necessary to receive incentive payments through the CMS EHR Incentive Programs. This assistance will be delivered at the local Tribal and urban provider level by clinical technical expertise supported by NIHB and its partners, to provide 'boots on the ground' training and technical resource support services to assist the adoption of EHRs through providing the following services:

- Outreach and education regarding meaningful use of EHRs to Tribes/providers/practices eligible for REC services targeted to Individual primary care physicians and small practices (less than 10 providers, physicians, physician assistants, nurse practitioners), providers who have prescriptive privileges, Public or Critical Access Hospitals, Community Health Centers, Rural Health Clinics and other settings that serve the uninsured, underinsured, underserved or other at-risk populations
- Assistance with the adoption and meaningful use of EHRs including: localized planning and service delivery to assist EHR deployment needs, including readiness assessment, training resources and support, informational resources regarding implementation and adoption of EHRs in the clinical setting for Indian Health Services Resource and Patient Management System (IHS RPMS) and Commercial Off The Shelf (COTS) users, including technical assistance with vendor selection of certified EHR software for Tribes utilizing COTS EHR systems
- Workforce development assistance via training opportunities provided regionally and via Webinar-based learning sessions
- Meaningful Use (MU) implementation training to assist our health care providers with MU certification provided by clinicians trained as clinical application specialists
- Timely response to MU certification questions, resource materials specific to MU applications in the clinical setting and up-to-date information regarding ongoing MU implementation issues including website based access to the latest information

- Ongoing outreach and education regarding MU developments and EHR MU certification efforts for RPMS and COTS EHR systems. NIHB AI/AN National REC will be providing training dates via web-based media and all dates will be posted on our NIHB REC website at www.nihb.org/rec/rec.php
- Clear, concise progress reports of the success Indian Country is making possible through the participation of our health system providers with the NIHB AI/AN National REC

The NIHB AI/AN National REC's plan is to engage with four primary sub recipient entities to assist the NIHB AI/AN National REC with implementation of the services to be delivered to our Indian/Tribal/Urban (I/T/U) health providers and facilities. Presently, NIHB has engaged in a sub recipient award with the United South and Eastern Tribes (USET) with negotiations underway to engage in a similar award with the Alaska Native Tribal Health Consortium (ANTHC). Discussions are also underway with the California Rural Indian Health Board (CRIHB) and the Northwest Portland Area Indian Health Board (NPAIHB). NIHB will be publishing a "Request for Proposal (RFP)" in the near future providing the opportunity for stakeholders from across Indian Country to participate with NIHB to meet the objectives of MU EHR adoption, implementation and certification efforts.

All of the service delivery focused under the NIHB AI/AN National REC objectives is to help primary care providers to achieve "Meaningful Use EHR Milestones." MU is achieved through the utilization of appropriate CMS established criteria (data) in the clinical practice setting among Medicare and Medicaid patient populations. Achievement of MU begins with provider enrollment with the NIHB AI/AN National REC. NIHB is currently requesting all I/T/U health care facilities assist our efforts to facilitate the enrollment of 3,000 primary providers across Indian Country. Providers can "sign up" to receive REC services by completing and submitting our Provider Agreement Forms. Our Provider Agreement Forms and additional details can be found at www.nihb.org/rec/rec.php. Each milestone will assist providers in Indian Country to become meaningful users of certified EHR technology to improve the quality and value of health care provided to Tribal patients. The milestones achievement is important as it is directly tied to the funding released to the NIHB AI/AN National REC to support the work of the REC and its sub recipients. Ultimately, the NIHB AI/AN National REC envisions the adoption and utilization of MU certified EHR's, throughout all of Indian Country, leading to improved workflow processes in Indian Country facilities and provider clinical practices, Improving Quality of Patient Care and Clinical Practice Outcomes reducing health disparities in our AI/AN populations.

- The following bullets provide a brief overview of the three milestones:
- **MILESTONE #1** - Secure provider agreement "sign ups" from I/T/U facilities to receive REC services.
 - **MILESTONE #2** - Identify and report the numbers of providers by I/T/U facilities that have "gone live" with a certified EHR.
 - **MILESTONE #3** - Identify and report providers by I/T/U facilities that have met stage 1 meaningful use criteria as defined by ONC.

As the NIHB AI/AN National REC engages with providers, further provision of technical support resources will include assistance to achieve

milestones 2 and 3; completion of all milestone steps are necessary to support future receipt of enhanced provider reimbursement incentives under the Center for Medicare and Medicaid Services (CMS) meaningful use provider incentive program. Though the REC is not directly tied to CMS's incentives, participation in a REC is necessary as part of that determination process.

The opportunity presented by the REC initiative and participation in health IT is only the beginning for Indian Country. NIHB believes the future of improved health status for our AI/AN populations can be dramatically enhanced through the advances in health care delivery possible through information technology advancement. The remote and rural provision of health care becomes the specialty practice of the urban area via telemedicine opportunities; screening advancements, early detection and treatment become realities with greater provider specialty access via this technology. Communication of disease outbreak clusters become real-time prophylactic response when technology is engaged and information exchanged to secure the necessary medicines to prevent the spread of a pandemic flu occurrence. Policies and programs to enhance broadband availability, making medical records communication commonplace, enhances all of Indian Country's ability to reduce health disparity; Tribes must remain at the forefront of these developments and be full partners benefiting from these initiatives. NIHB sees this opportunity and will continue to provide the linkage to these and other initiatives for the benefit of our Tribes. The NIHB AI/AN National REC's participation in the initiative to adopt MU certified EHR's will facilitate Indian Country's transition through the adoption, implementation and demonstrated meaningful use of EHR's, with an eye toward full health IT implementation for our Tribal Health delivery system and the Improved Quality of Patient Care and Clinical Practice Outcomes. NIHB is asking for the assistance of the Tribes and Tribal Organizations, IHS and urban Indian organizations to make this project, and our future initiatives a success. NIHB needs the support of our Tribes in our REC efforts to support the Tribal Health System in the move to the Next Generation of Health Care Delivery – Health Information Technology! 📧

MARK YOUR CALENDAR!

Upcoming Opportunities to Learn More About the NIHB AI/ AN National REC

NIHB AI/AN National REC staffs and sub recipient technical experts will be making the rounds in Indian Country to bring more information and offer opportunities to our I/T/U providers and stakeholders to seek site specific answers at the following events:

National Indian Health Board National Tribal Health Reform Implementation Summit

April 19-20, 2011 • Washington, DC

11th Annual Advances in Indian Health Conference

May 3-6, 2011 • Albuquerque, NM

Annual Tribal Self Governance Meeting

May 2-6, 2011 • Palm Springs, CA

Aberdeen Area Meaningful Use Conference (IHS)

May 4-5, 2011 • Rapid City, SD

Alaska Tribal Health System (ATHS) Meaningful Use Conference

May 9-11, 2011 • Anchorage, AK

United South and Eastern Tribes (USET) Semi-Annual Meeting

May 16-20, 2011 • Marksville, LA

Indian Health Service (IHS) Medical Providers Best Practices and Government Performance and Results Act (GPRA) Measures Conference

May 24-25, 2011 • Sacramento, CA

The CMS Tribal Technical Advisory Group (TTAG) will hold its eighth Face to Face meeting on July 27-28, 2011 at the National Museum of the American Indians in Washington, D.C.

If you would like more information on this upcoming meeting or find additional TTAG information, please visit <http://www.cmsttag.org>.

The Language of Health Care Reform Implementation: Acronyms and Functions of New Agencies

Below is a list of new agencies within the Centers for Medicare & Medicaid Services (CMS) and their functions, followed by a table listing health care reform acronyms with a description of each:

- Federal Coordinated Health Care Office (CHCO) – Melanie Bella, Director, Melanie.bella@cms.hhs.gov. An office established by the health reform law to improve the integration of Medicare and Medicaid for “dual-eligible” individuals and foster all-inclusive care programs. With the aim of coordinating care more efficiently for dual-eligible beneficiaries.
- Center for Medicare and Medicaid Innovation (CMI) - Richard Gilfillian, MD, Acting Director. This office was given the authority and direction through ACA to “test innovative payment and service delivery models to reduce program expenditures, while preserving or enhancing the quality of care” for those who get Medicare, Medicaid or CHIP benefits. A new website has been launched, and you can find more information at <http://innovations.cms.gov/>

- Center for Program Integrity (CPI) - Peter Budetti, M.D., Deputy Administrator and Director, Peter.Budetti@CMS.hhs.gov. CPI serves as a CMS’ focal point for all national and State-wide Medicare and Medicaid programs and CHIP integrity fraud and abuse issues.
- Center for Consumer Information and Insurance Oversight (CCIIO) – Steve Larsen, Deputy Administrator and Director. CCIIO provides national leadership in setting and enforcing standards for health insurance through having the lead responsibility for drafting and enforcing regulations under the Affordable Care Act regarding the establishment of Health Insurance Exchanges and the offering of health plans through an Exchange. Here is the website: <http://cciiio.cms.gov/>.

Additional information regarding CMS and its programs is available at <http://www.cms.hhs.gov>.

HEALTH CARE REFORM ACRONYM	DESCRIPTION
ACA or PPACA	Patient Protection and Affordable Care Act of 2010, Public Law 111-148
ACO	Authorized as a new payment model under Medicare in the ACA, Accountable Care Organizations are to be a network of health care providers that band together to provide the full continuum of health care services for patients.
ARRA	American Recovery and Reinvestment Act of 2009, Pub.L. 111-5 (aka, Stimulus Bill)
AHBE	American Health Benefit Exchange (State administered insurance purchasing organization starting in 2014)
CHIP	Children’s Health Insurance Program , enacted in 1977. A federal-state program that provides health insurance coverage for uninsured low-income children who are not eligible for Medicaid.
CHIPRA	Children’s Health Insurance Program Reauthorization Act of 2009.
CO-OP	A Consumer Operated and Oriented Plan is a non-profit, member run health insurance organization authorized and funded under the ACA CO-OP program to foster competition in local insurance markets.
ECP	Essential Community Provider is a defined health care provider type under the ACA that serves low-income, medically-underserved individuals.
EHBP	Essential Health Benefits Package consists of the essential benefits, limits on cost-sharing, and has a specified actuarial value (i.e. pays for a specified percentage of costs). The essential health benefits are to be defined by the Secretary of Health and Human Services and must be defined to include the following categories of services: Ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.
FEHBP	Federal Employees Health Benefits Program provides health insurance to employees of the U.S. Federal government and, under the ACA, to employees of Tribes, tribal organizations and urban Indian organizations.
FMAP	Federal Medical Assistance Percentage . The ratio that determines the federal share of Medicaid health services costs.
FPL	Federal Poverty Level . Federal government’s working definition of poverty used as a standard for determining eligibility for public programs.
FR	Federal Register is the official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents.
FSA	A Flexible Spending Account (or arrangement) is an account established through an employer cafeteria plan for pre-(payroll and income) tax spending on health care services.
FQHC	Federally Qualified Health Center is a designation that enables access to special reimbursement and grant opportunities under several Federal health programs, such as Medicare, Medicaid and HRSA.
GF	Grandfathered health plan – Under the ACA, individuals are allowed to maintain their coverage as it existed on the date of enactment (March 23, 2010), except even GF health plans are subject to new requirements on lifetime limits, coverage of adult children, and other items listed in ACA section 1251.

Methamphetamine and Suicide Prevention Initiative: Reflections

The first year of the Indian Health Service (IHS) Methamphetamine and Suicide Prevention Initiative (MSPI) provided successes, challenges, opportunities, and lessons learned for the 130 MSPI communities across Indian country. The MSPI demonstration project embarked on a path toward building a greater understanding of the prevention and treatment of suicide and methamphetamine abuse in Indian country. Within modern medicine, treatment and prevention must go through rigorous and documented scientific study before being considered as an effective healing modality. However, in communities with strong oral tradition, ritual and ceremony present a unique challenge in how to translate and share their respected best practices within the Indian health care system. Other communities are challenged with adapting evidence based practice in ways that will meet the community’s norms, values, and beliefs. MSPI communities have met these challenges and are developing strong local and national relationships to build strong prevention programs.

One of the major successes of the project was the development of a comprehensive web-portal that supports over 130 communities with a one stop web-based support center. Each MSPI community has developed a community profile and is using the web-portal to download template reports, financial forms, information and resources to support the development of local evaluation. The web-portal also offers the opportunity to share and learn from one another through social networking. MSPI communities can communicate directly with one another; post questions or concerns to all MSPI communities; post outreach material; or, share success stories regarding community events.

On the national level, the project supports outreach for the Indian Health Service American Indian /Alaska Native (AI/ AN) National Behavioral Health Strategic Plan FY 2010/11-2014-15 and the Indian Health System Suicide Prevention 5 year plan. Both plans were developed by the Behavioral Health Work Group under the guidance of the National Tribal Advisory Committee on Behavioral Health. The National Indian Health Board (NIHB) provided outreach and disseminated the plans across Indian country for review by tribal leaders and for public comment. All recommendations were reviewed by the NTAC members for consideration and the plans were accepted by NTAC in December 2010. These plans

were provided to the IHS to support their work in the development of behavioral health and suicide prevention, treatment, and recovery support services.

In addition, two conferences were held to support the MSPI communities. The first MSPI conference was held on September 1-2, 2010 in Oklahoma City. The second conference was held in Anchorage, AK on October 5-6, 2010. Over 400 participants attended these events and developed “Communities of Learning” to share ideas, information, and successful strategies with one another. Through the MSPI web-portal, communities have continued sharing resources with one another across the digital divide to support local prevention work.

Although these successes have supported a positive beginning for the MSPI project, many core issues still need to be addressed, including documenting local best practices and addressing the stigma around suicide and substance abuse with AI/AN communities.

The NIHB currently is focused on providing technical assistance to the MSPI funding recipients to meet the reporting responsibilities within the MSPI project, connecting communities to maximize the limited resources, and “out of the box” thinking to overcome local obstacles and challenges within the implementation of MSPI projects. The NIHB is also working with national organizations to support a successful 2nd Annual MSPI conference. The focus is to build on the relationships with the local MSPI projects, comprehend local initiatives, learn about local obstacles and challenges, share success stories, and assist in the development of evaluation that can provide a greater understanding with the impact of methamphetamines and suicide in Indian country. The development of local relationships, a national network of prevention communities, and outcome focused measurement will assist these communities in a greater understanding of methamphetamine and suicide impacts and effective community-based practices for prevention, treatment, and recovery support.

For more information, please contact, Seprieono Locario at slocario@nihb.org, or visit the MSPI web-portal at <http://mspiportal.com>

HEALTH CARE REFORM ACRONYM	DESCRIPTION
HCBS	Home and Community Based Services is service type under Medicaid which enables individuals to remain in their own home or live in a community setting, with the service previously available through a waiver but, with the ACA, can now be established through a State plan amendment.
HHS	U.S. Department of Health and Human Services .
HIPAA	Health Insurance Portability and Accountability Act of 1996, Pub.L. 104-91. This law set national standards for the protection of individually identifiable health information by three types of covered entities: health plans, health care clearinghouses, and health care providers.
HSA	Health Savings Accounts are tax preferred accounts tied to a high deductible health insurance plan, with out-of-pocket amounts subject to Federal limits.
HRP	High Risk Pools are state programs designed to provide health insurance to residents who are considered medically uninsurable and are unable to buy coverage in the individual market.
HRSA	The Federal Health Resources and Services Administration .
IFR	Interim Final Rule is a regulation from federal government.
PACE	Program of All-Inclusive Care for the Elderly , is a program under Medicare and Medicaid that provides comprehensive medical and social services for frail adults.

Tribal Leaders Meet With HHS in Annual Budget Consultation



Secretary Kathleen Sebelius with Chairperson Cathy Abramson at the HHS Budget and Policy Consultation held March 2-4, 2011.

The 13th Annual National Department of Health and Human Services (HHS) Tribal Budget and Policy Consultation brought Tribal leaders from across the nation to Washington, D.C. from March 2-4. Over the 3 days, officials from various HHS operating divisions - including Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, and Health Resources and Services Administration - provided comments and received recommendations from Tribal representatives on issues pertaining to Indian health.

Secretary Sebelius also took the time to address the meeting formally. She expressed the Administration's sincere desire to improve Indian health saying, "We are committed to having the Department [of Health and Human Services] do everything it can to address on-going challenges."

The focal point for the meeting was the National Tribal Budget Workgroup's IHS budget recommendations for Fiscal Year (FY) 2013. In a presentation to HHS leadership, Chairmen Gary Hayes (Ute Mountain Ute Tribe) and Ned Norris Jr. (Tohono O'odham Nation), and Vice President Rex Lee Jim (Navajo Nation) presented the national tribal budget priorities, such as a 10-year plan to fully fund IHS and a \$1.431 billion increase in "must-have" spending for FY 2013. They also presented HHS officials with the top 10 health priorities as ranked by Tribal leaders nationally with behavioral health identified as the top priority.

In addition to these requests, Tribal leaders also presented Secretary Sebelius with a letter signed by numerous Tribal leaders regarding the proposed eliminations within the FY 2012 IHS budget. At a total savings of less than \$6 million, the FY 2012 IHS Congressional Budget justification recommends the elimination of the following grants:



Andy Joseph, Jr., NIHB Board Member Portland Area Representative, providing comments during the HHS Budget and Policy Consultation held March 2-4, 2011.

- Health Promotion/Disease Prevention (HPDP) Grants
- Healthy Youth Lifestyles Grant (National Congress of American Indians)
- Chronic Care Grant (Institute for Healthcare Improvement)
- Elder Health Long Term Care Grants
- Children and Youth Grants
- Women's Health Grants
- Domestic Violence /Sexual Assault Grants to Urban Programs
- National Indian Health Board Cooperative Agreement
- National Native American EMS Association Grant

As the letter states, "As tribal leaders, we were surprised that the FY 2012 Congressional Justification (CJ) proposed these cuts, especially considering that we had just met and developed our FY 2013 budget recommendations with the agency and these proposed eliminations were not discussed." Tribal leaders expressed much concern over the cuts and it is hoped this issue will be settled in a way deemed satisfactory by all those involved.

Additionally, NIHB Chairperson, Cathy Abramson, testified on cross-cutting issues associated with the implementation of the Patient Protection and Affordable Care Act, such as improved consultation with Tribes and a uniform definition of Indian. As Chairperson Abramson said in her testimony, "This law is a huge step forward in bringing health care delivery in the United States into the 21st Century: health care that is equitable and accessible to all Americans – including First Americans... NIHB appreciates the Administration's leadership and commitment to honoring the nation's Federal trust responsibilities by continuing to make the needed investments in the Indian health care delivery system. Indian Country will continue to work diligently with the Administration to improve our Indian health care delivery system." 🏠

Spring Into Accreditation!

**Rachel Margolis, Public Health Accreditation Board
March 25, 2011**

As the launch of national voluntary public health accreditation approaches, PHAB hopes that Tribal health departments are continuing to prepare for accreditation. PHAB has been busy and will continue to make progress toward putting the necessary pieces together for a successful launch in early fall 2011.

Tribal participation and involvement has taken a new meaning with the appointment of Joe Finkbonner to the PHAB Board of Directors. Joe Finkbonner is currently the Executive Director of the National Portland Area Indian Health Board and will contribute his perspective from the Northwest Tribes and his strong commitment to health improvement for all Tribes. Other exciting news includes the recognition of the PHAB Tribal Beta Test Sites at a meeting in Washington, DC, on Feb. 1, 2011. PHAB is grateful to the Beta Test Tribal Health Department staff, their community partners, and their governing bodies for their dedication and enormous contributions to PHAB and to transforming public health.

On March 24, 2011, the Centers for Disease Control and Prevention (CDC) released a press release on PHAB, which mentions the work completed in the Beta Test! The press release includes quotes from CDC Director, Dr. Thomas Frieden; CDC Deputy Director and Director of the Office for State, Tribal, Local and Territorial Support, Dr. Judith Monroe; and other notable public health leaders on the importance of accreditation and performance/quality improvement.

PHAB also appreciates the tremendous contribution from the volunteer members of the PHAB Tribal Standards Workgroup, who met on Feb. 15–16, 2011, in San Francisco and successfully completed their mission of providing recommendations to PHAB for inclusion of Tribal health departments in the PHAB standards and measures. One Tribal Standards Workgroup member commented, “[Using the PHAB standards and measures] provided a better understanding of the strengths and weaknesses of the public health department.” Others have been involved in providing feedback to the PHAB standards and measures, including NIHB’s Tribal Public Health Accreditation Advisory Board and members of the Tribal community at large through feedback provided during NIHB’s National



Tribal Health Department Beta Test Site Accreditation Coordinators and Representatives
Cherokee Nation Health Service (OK)
Keweenaw Bay Indian Community, Department of Health & Human Services (MI)
The Navajo Nation Division of Health (AZ)

Call for Tribal Input. One Tribal Standards Workgroup member commented, “PHAB has encouraged Tribal input, listened to Tribal discussions and incorporated indigenous knowledge and wisdom in the development of the standards. They should be commended for their commitment to improving the health of all Americans.”

PHAB has already incorporated many of the recommendations into the revised standards and measures for tribal, State, Local, and Territorial Health Departments. The revised PHAB standards and measures will go through one more major review by the Standards Development Workgroup, the original group that created the set of standards and measures used during the Beta Test, before submission to the PHAB Board of Directors for approval. PHAB is proud to announce that Deb Smith from the Fond du Lac Band of Lake Superior Chippewa has volunteered to serve as a Tribal representative on the workgroup, which will meet in April. PHAB is also pleased to share that NIHB will be present at the upcoming PHAB Assessment Process Workgroup meeting, where specifics of the PHAB process will be reviewed in April. All of this feedback work culminates at the May PHAB Board of Directors meeting in Alaska, where the first version of the PHAB standards and measures will be approved. All materials will be publicly shared on PHAB’s website beginning in June, preceding the early fall 2011 launch. 📧

National Indian Health Board Board of Directors and Staff

NIHB Board of Directors Bios

Aberdeen Area Representative:

■ **Mr. John Blackhawk** is a member of the Winnebago Tribe of Nebraska and currently serves as Chairman of the Winnebago Tribal Council. John was born and raised on the Winnebago Indian Reservation from his infancy to adulthood. He attended Winnebago Public Schools from grades K-12th grade and graduated in 1973. On October 4, 1988 he became Chairman of the Winnebago Tribe of Nebraska. Chairman Blackhawk’s tenure as Chairman spans over 12 years of collective service with few lapses. He has also served in the capacities of Chairman of National Indian Health Board (NIHB), Chairman of the Aberdeen Area Tribal Chairmen’s Health Board (AATCHB), Great Plains Tribal Chairmen’s Association (GPTCA), Pierre Indian Learning Center School board, and Chairman of Winnebago Public School Board. Over the years, Council member Blackhawk has been seated on many committees and boards throughout Indian Country. jblackhawk@aol.com

Alaska Area Representative:

■ **Ms. H. Sally Smith** served as the Chairperson for the National Indian Health Board’s (NIHB) Board of Directors from December 1999 until January 2009. Currently Ms. Smith is the Alaska Area Representative to the NIHB Board and also serves as NIHB’s Representative to the Tribal Technical Advisory Group (TTAG). Ms. Smith also serves as the Chairperson for the Alaska Native Health Board, a position she has held since 1998. She also presides as the Chair for the Alaska Native Medical Center Joint Operating Board, the Bristol Bay Area Health Corporation and serves as the Sergeant at Arms for the Alaska Native Tribal Health Consortium. Ms. Smith is the National and Alaska Representative to the Tribal Self Governance Advisory Committee, the National Representative to the Tribal Leader’s Diabetes Committee and a member of the National Steering Committee for the Reauthorization of the Indian Health Care Improvement Act. Sally serves as 3rd Chief of the Native Village of Dillingham

▶ continued from page 13 [NIHB Board and Staff Bios]

and a Tribal Judge. In 1997, she was the recipient of the Alaska Federation of Natives Health Award and in 1998 she received the National Indian Health Board's highest recognition, The Jake White Crow Award. She is Yupik Eskimo and the mother of four sons. hsmith@bbahc.org

Albuquerque Area Representative:

■ **Mr. Lester Secatero** (To'Hajiilee – Canoncito Navajo), Mr. Secatero is currently the Chairman of the Albuquerque Area Indian Health Board, Incorporated and a member of the Executive Committee of the National Indian Health Board. He has been the Pastor of The Jesus Church at To'Hajiilee for the past twenty five years. Mr. Secatero has served the To'Hajiilee Chapter in a number of different capacities. Mr. Secatero has served on the Albuquerque Area Indian Health Board for the past five years and was elected Chairman in 2004. He has been married to his wife for over thirty five years and is a father and grandfather. ddale@aaihb.org

Bemidji Area Representative – Chairperson:

■ **Ms. Cathy Abramson** is a citizen of the Sault Ste. Marie Chippewa Indians located in Sault Ste. Marie, Michigan and represents the Bemidji Area Tribes (Michigan, Wisconsin and Minnesota) on the National Indian Health Board. She has a Bachelor of Science degree in Business Administration, and was elected to the Sault Ste. Marie Tribes Board of Directors in 1996 representing Unit 1. She has been serving as a board member since that time, and re-elected for a fourth term in the summer of 2008; she presently serves as Treasurer. Cathy's Spirit Name is Wabanung Quay. She is a member of the Wolf clan. She resides in Sault Ste. Marie, Michigan – Bawehnting. Cathy is actively involved with United Tribes of Michigan and the Midwest Alliance of Sovereign Tribes (MAST). She also serves on the Tribes traditional living and foods program planning committee, and participates in the Sault Ste. Marie culture committee, higher education committee, conservation committee, and has served as an advisor for the Sault Ste. Marie Chippewa Tribal Youth Council. Cathy states, "The greatest gift that the creator has given me is my family. I have been married for 30 years to Tony Abramson and we have 3 beautiful children Lisa, Laura and Tony, Jr. We have 6 six beautiful granddaughters and another grand-baby on the way who are the absolute joys of my life." Cathy loves to hunt, fish and gather the indigenous foods of her area, and enjoys camping, hiking, traveling and family gatherings. cabramson@saultribe.net

Billings Representative (Montana/Wyoming Area):

■ **Mr. L. Jace KILLSBACK**, "Voaxaa'e Nestoohe" (Screaming Eagle) is a Northern Cheyenne Indian from Busby, Montana and is a direct descendant of Chief Dull Knife. Mr. KILLSBACK is currently serving his second term as a Councilman for the Northern Cheyenne Tribe and is the Billing Area Representative for the NIHB Board of Directors. In 2002 L. Jace received his Bachelors of Arts Degree from the University of California, Berkeley in Native American Studies with a minor in Environmental Science. While pursuing his higher education in the Bay Area, L. Jace KILLSBACK first became involved in health care issues as a board member of the Native American Health Centers of Oakland and San Francisco. Once home on the reservation and as an elected tribal official, Mr. KILLSBACK was appointed as his Tribe's delegate for the Montana & Wyoming Tribal Leaders Council (MT/WY-TLC) and the Council of Large Land-Based Tribes (CLLBT). Mr. KILLSBACK was the former Treasurer of the CLLBT and the past chairman of the MT/WY-TLC and is current chairman of the Subcommittee on Health. Mr. KILLSBACK has facilitated Tribal Consultations with SAMHSA, made presentations on suicide prevention, and testified at a senate field hearing on Indian health care. Mr. KILLSBACK has served as the Billings Area Representative for the Direct Service Tribes Advisory Committee, IHS HP/DP Policy Advisory Committee, and Tribal Consultation Advisory Committee for the Center for Disease Control and Prevention. voaxaa@hotmail.com

California Area Representative:

■ **Mr. Reno Keoni Franklin** is an enrolled member of the Kasha Band of Pomo Indians. His family comes from the villages of Du Kasal and Aca Sine Cawal Li. He was raised in a traditional Kasha Family and was taught his culture, language and traditions from his elder family members and other respected Kasha Pomo tribal elders. The son of Dino Walter Franklin (Kasha Pomo) and Pearl Ann Kuulani Makaiwi (Molokai Hawaiian), Mr. Franklin was born into a multi cultural family and taught to respect other cultures and religions. Mr. Franklin has years of experience in the emergency medical field, working as a Fire Fighter/Emergency Medical Technician in Indian Country. Mr. Franklin has served his tribe for the last eight years as an elected Health Delegate. He serves as an alternate to the Facilities Appropriations Advisory Board, a primary on the CDC TCAC, Board Member of the Friendship House of San Francisco, primary on the Health Research Advisory Committee and primary on the IHS CA Area Office CATAC. He comes from the Sonoma County Indian Health Project, a Tribal Health Clinic in Northern California, where he has served on the Board of Directors for 8 years and is currently serving his third term as the Chairman of the California Rural Indian Health Board. Years of travel throughout Indian Country have given him a high regard for all Tribes and Tribal Cultures and opened his eyes to the unique health needs in each region of Indian country. rfranklin@yochadehe-nsn.gov

Nashville Area Representative:

■ **Mr. Buford L. Rolin** is a member of the Poarch Band of Creek Indians. He has served as Secretary for the Tribe and has served as the Vice-Chairman from 1991-2006. As of June 12, 2006 he was elected Chairman of the Tribe. In 1989, Mr. Rolin received a service award from the Indian Health Service for improving the Health of Indian People. In 1993, he was awarded the Director's Award for Excellence by the Indian Health Service. In 1996, he also received the Area Director's Special Commendation Award from the Indian Health Service. Mr. Rolin has served on many national organizations including the National Congress of American Indians (NCAI), the Atmore Area Partnership for Youth Board of Directors, and the Florida Governor's Council on Indian Affairs. He has held various positions pertaining to the North West Florida Creek Indian Council, the National Committee on Indian Work, the Episcopal Church, The Chamber of Commerce Board of Directors, Creek Indians Arts Council, Creek Indian Heritage Memorial Association, and the United South & Eastern Tribes (USET) and currently as Vice-Chairman for the National Indian Health Board (NIHB). He serves on the State of Alabama Public Health Advisory Board and is a member of the USET Health Committee. Mr. Rolin was appointed in 1998 by Dr. Michael Trujillo, Director, Indian Health Service, as Tribal Co-Chair National Steering Committee (NSC), for Reauthorization of the Indian Health Care Improvement Act (IHCA). He was appointed in 1999 Tribal Co-Chair to the Tribal Leaders Diabetes Committee by Dr. Michael Trujillo. During 2000, Mr. Rolin was appointed to the White House Commission on Complimentary and Alternative Medicine Policy by President Bill Clinton. Mr. Rolin was appointed to NCAI Tribal Leaders Health Information Technology Task Force in 2001, by NCAI President Tex Hall. Mr. Rolin was elected Chairman. Mr. Rolin was the Co-Chair for the Healing Our Spirit Worldwide Planning Committee. The last meeting was held in August 2006 in Edmonton Alberta, Canada. Mr. Rolin is the Co-Chair of the Tribal Leaders Diabetes Committee as well as a member of the HIS Strategic Planning Committee. Mr. Rolin is currently the Vice Chairman of the National Indian Health Board. tlancaster@pci-nsn.gov

Navajo Area Representative:

■ **Mr. Rex Lee Jim**, Vice President, Navajo Nation. After serving as a ranking member on the Judiciary Committee and chairman of the Public Safety Committee within the 21st Navajo Nation Council, Delegate Rex Lee Jim was sworn in as Vice President of the Navajo Nation on January 11, 2011. Born and raised in Rock Point, a small farming and ranching community in northern Arizona, Vice President Jim attended the local school where he learned to read and write in Navajo. He is of the Kin Lichii'nii clan born for Tachii'nii. His maternal grandfather is Kin Yaa'aanii and his paternal grandfather is Naakai Dine'e. He has five children. Vice President Jim attended the Newfound School in Asheville, North Carolina, and graduated from Colorado Rocky Mountain School in Carbondale, Colorado. In high school was where he was introduced to students from other countries and gained much appreciation for their unique languages and cultures. After graduating from Princeton University, Vice President Jim started work with the Rock Point Community School teaching Navajo to students K-12. During this time, he developed a curriculum for K-Graduate programs that was culturally and pedagogically appropriate for Navajo students. He has published books and produced plays using the Navajo language. An author, playwright, and medicine man, Vice President Jim continues to make diplomatic trips abroad on behalf of the United Nations to improve relations between nation states and indigenous peoples. As a representative of the Carter Foundation, the Vice President has helped improve relations between the United States of America and the Andean Countries of Colombia, Venezuela, Bolivia, Peru and Ecuador. Vice President Jim played a key role in the drafting and final passage of the International Declaration on the Rights of Indigenous Peoples. On 16 December 2010, President Barack Obama declared that the United States is going to sign the declaration. rexleejim@yahoo.com

Oklahoma City Area Representative-Treasurer:

■ **Mr. Thomas (Tom) John** obtained a Bachelor of Science degree in Public Relations from Syracuse University in May 1990. He received a graduate Certificate in Public Health from the University of Oklahoma, Health Sciences Center, and College of Public Health in May 2006, and is currently enrolled in the master of public health program at the University of Oklahoma. He has worked with American Indian tribes for his entire professional career, including positions in the areas of tribal administration, law enforcement, health, gaming and parks & recreation. His experience working with American Indian tribes has been at the local, regional and national levels. During this time, Mr. John has been responsible for many multi-million dollar programs, and have had overall supervisory responsibility for as many as 145 staff. He worked with tribal health programs in particular for over thirteen years, including positions for both individual tribes and a tribal consortium. Eight years were specifically related to management of tribal diabetes programs. Other responsibilities have included personnel management, policy & procedure development; grant writing, development of educational & public information materials, program planning & evaluation, and overall organizational administration & fiscal management. Additionally, Mr. John has been entrusted to represent numerous American Indian tribes on regional and national level policy issues with the federal government. He has been involved with the technical development of a

variety of federal Indian health policies, including analysis of federal legislation, consultation between Indian tribes and the federal government, health disparities and funding allocation methodologies. Mr. John has also sat on several local, regional and national committees, workgroups and boards relative to American Indian health. Mr. John is an enrolled member of the Seneca Nation of Indians, and was raised on his tribe's Allegany Territory in New York State. He belongs to the turtle clan, and is also a member to their traditional longhouse. Mr. John is married to Lisa of the Chickasaw Nation, and they have two children, Lauren and Trevor. Tom.john@chickasaw.net

Phoenix Area Representative:

■ **Mr. Martin Harvier** took office as Vice President of the Salt River Pima-Maricopa Indian Community (SRP-MIC) in December 2006. As Vice President, Harvier supports improving education for Community members and creating opportunities for cultural preservation and promotion. He notes that the Pima were a peaceful people and believes these feelings could come back into the hearts of families if people know who they are. As Vice President, he will support educational and health-based programming that furthers these goals. Harvier grew up in Poston, Ariz., and when he was in the sixth grade, his family relocated to Sacaton, Ariz., where Harvier attended the Bureau of Indian Affairs School. He graduated from Casa Grande High School in 1977. When Harvier was 19 years old, his father was diagnosed with cancer, and in 1979 lost his battle with the disease. Martin Harvier became the sole support for his mother, three sisters and two brothers. He worked as a chain man on a survey crew for the Gila River Indian Community, and then as a plant mechanic and welder for a company located on the Salt River Indian Community for 11 years. In 1996, the SRPMIC hired Harvier as a civil tech soils tester. In 1998, he was promoted to plant manager of a water pump station, and until assuming the office of Vice President, served as the acting Irrigation Manager for the Community. In his spare time, he coached the Salt River High School baseball team for four years. Although he was not able to continue his education, Harvier has made a point of watching and learning by example. He is committed to treating people with respect and believes that you can tell a lot about someone by how he or she treats others. Harvier and his wife Toni are the proud parents of five children and one grandchild. When not working for the Community or involved with his family, Vice President Harvier is an avid sports fan.

Portland Area Representative - Member at Large:

■ **Mr. Andy Joseph, Jr.** started his 4th term on the Confederated Tribes Business Council in July 2009. He is a Nespelem District Representative, where in 1997 he was elected to the Nespelem School Board. Mr. Joseph serves on his Council's Executive Committee, Veterans Committee as 1st Vice, Tribal Government Committee as 1st Vice, Culture Committee as 1st Vice and 1st Vice for the Education and Employment Committee. He is also the Chairman of the Health & Human Services Committee and serves as the Tribe's Delegate to the Northwest Portland Area Indian Health Board (NPAIHB) where he is the now the Chair. As Chair of NPAIHB, Andy represents the Portland Area on the Board of the National Indian Health Board (NIHB), where he was recently elected as an at Large Executive NIHB Member. In addition, Andy represents NIHB on the SAMHSA Advisory Committee. Andy is also a voting delegate of ATNI, NCAL, and serves as the Vice Chairman of the IHS Direct Services Tribes Advisory Committee.

"Hello, I was born in Portland OR on September 23, 1959. When my parents were relocated during the Relocation Act; I moved home to the Colville Reservation in the spring of 1968. In 1970, my Father ran for Tribal Council - with my Grand Aunt Lucy Covington. Also, in 1970 our Tribe won the battle against Termination of our Reservation. From 1977-79 I served in the US Army 2nd of the 75th Airborne Ranger Battalion. I have been happily married Lori Lynn since December 18, 1983 and we have 5 children and 3 grandchildren. In 1997, I was elected to the Nespelem School Board. I come from the blood of many Chiefs and have been mentored by my Father who served on the Tribal Council for 17 years; my mother and her parents, Gorge and Celestine Frie dlander. Gorge served on Tribal Council, as well as his sister, Lucy Covington. As a youth I listened to other Tribal leaders; Mel Tonasket and Shirley Palmer. While on the Portland Area Indian Health Board I have been mentored by Pearl Capoeman-Baller, Bob Brisbois, Willy Jones, Linda Holt, Janice Clements and Bernice Mitchell." Andy.joseph@colvilletribes.com

Tucson Area Representative - Secretary:

■ **Ms. Cynthia Manuel** is the Tucson Area representative to the Board of Directors. She is a proud member of Tohono O'odham Nation representing the Great Gu-Achi District on the Tohono O'odham Legislative Council (TOLC). Under the TOLC she serves on the Health & Human Services and Budget & Finance and Domestic Affairs Committees. She has previously served at the Vice-Chair of the TOLC. Board Member Manuel has worked in Health Care for 20 years in positions ranging from Community Health Representative to work on Diabetes to work on Dialysis. Cynthia.manuel@tonation-nsn.gov

NIHB Staff Bios

■ **Stacy Bohlen** is the Executive Director of the National Indian Health Board, the only Tribal organization in the nation solely devoted to improving the delivery and status of health care to American Indians and Alaska Natives health care. Under Ms. Bohlen's direction, the National Indian Health Board has played a critical role in establishing a Tribal presence for health care in the Nation's Capitol, and promoted and strengthened the organization's work to serve all federally recognized Tribes, American Indian and Alaska Native, in their work to improve the health of their People. Under Ms. Bohlen's leadership, since 2007, the NIHB has significantly increased its budget, staff, connectivity to the Tribes and created and expanded programs, thereby increasing NIHB's capacity to address critical needs and advance policy for American Indian and Alaska Native Health. Ms. Bohlen received her Bachelor's degree in Political Science from Oakland University in Rochester Hills, MI. Prior to her service to NIHB, Ms. Bohlen was the Director of Federal Relations for the American Indian Higher Education Consortium, Deputy Director of the American Osteopathic Association's Washington, DC Office, and server on the staff of former US Congressman Bob Traxler. Ms. Bohlen was born and raised in Michigan and is an enrolled member of the Sault Sainte Marie Tribe of Chipewewa Indians. sbohlen@nihb.org.

■ **Evangelyn "Angel" Dotomain** (Cup'ik/Inupiaq) is the Deputy Director of the National Indian Health Board (NIHB). Angel received her MBA in Health Services Administration from Alaska Pacific University. She completed her undergraduate education at Georgetown University McDonough School of Business in Washington, DC where she majored in International Business. Prior to her service to NIHB, she was the President/CEO of the Alaska Native Health Board. Ms. Dotomain has worked to increase the health status of Alaska Natives and American Indians through education programs, recruitment, and quality and process improvement at ANTHC. She and her family are from the villages of Merkooyuk, Mary's Igloo, and Shaktoolik, Alaska. Edotomain@nihb.org

■ **Tyra Baer** (Northern Cheyenne) is the Centers for Medicare & Medicaid Services (CMS) Project Assistant for the National Indian Health Board. She graduated from Iowa State University (ISU) with a B.A. in Cultural Anthropology and a minor in Native American studies. While attending ISU she was President of the United Native American Student Association and worked to preserve after school programs at the Sac and Fox Settlement. In 1997 she graduated from the Indigenous Study Linkage Program at the University of Ibadan in Nigeria. Tyra and her fiancé, Kyle Wittenborn have a beautiful four year old daughter, Jaden Harper. Tbaer@nihb.org

■ **Tom Kauley** is a full-blood member of the Kiowa Tribe of Oklahoma. He is currently serving as the Director of the National Indian Health Board's National HITECH Center. He has over 25 years of experience in providing health and education services to American Indian and Alaska Native communities across the U.S. In his current role, he is overseeing the development and implementation of the only National HITECH Center designed to serve tribes located throughout 35 states. His information technology experience includes leadership roles in the development of enterprise IT business systems, health IT project management, and software business analysis. His health program experience includes management roles in the Indian Health Service, state agency and university program environments. Tom previously served as the Director of Operations for one of the Bill and Melinda Gates Foundation's premier national education initiative, the Gates Millennium Scholars Program. He earned a BA in Communications at the University of Oklahoma and completed master's level work at the same university. Tom is an active member of the Kiowa Tiah-Piah Society, a vital and traditional component of the social structure of his tribe that can be traced back to the early 1800's and he plays an active role in carrying forth the stories and culture of this tribe. Tkauley@nihb.org

■ **Jennifer Cooper JD, MPA**, is an enrolled member of the Seneca Nation of Indians. She joined the National Indian Health Board (NIHB) in March 2009 as the Legislative Director advocating on behalf of all American Indians/Alaska Natives for quality health care. Her professional background includes working for the Los Angeles City Ethics Commission; serving as summer law clerk for the California Indian Legal Services; working for the law firm of Stradling Yocca Carlson & Rauth and working for Kaiser Foundation Health Plan, Inc., in Oakland, California. During the 2008 Presidential general election, Jennifer served as a Get-Out-The-Vote Organizer for the Obama campaign in Nevada. Jennifer holds a Juris Doctor from Cornell Law School, a Master of Public Administration from Syracuse University, and a Bachelors of Arts degree from Colgate University. jcooper@nihb.org

■ **Shawn Sundance Leckey** (Sicangu Lakota Oyate from the Rosebud Sioux Tribe) is serving as the Deputy Director of the National Indian Health Board's National HITECH Center. Also a former Marine honorably discharged after 5 years of service. I worked in the Medivac Helicopter community and in the wake of 911 attacks on the US my position was restructured. I utilized my Montgomery G.I. bill to assist me in graduation from Pennsylvania State University with a degree in Information Technology. As an IT professional I consulted through TEK systems to plan and implement WiFi technology throughout the University of

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Pittsburgh's main campus. I soon found myself in a full time position at the University of Pittsburgh computer services and systems development (CSSD) as a Telecommunications admin/engineer and Systems programmer II. sleckekey@nihb.org

■ **Seprieono Locario** (Navajo/Sicilian) earned a B.A. in Public Administration and from San Diego State University in 1999 and an M.A. in Counseling Psychology at the California School of Professional Psychology in 2002. Mr. Locario was born and raised in San Francisco, California and spent summers with his great grandparents in Tohatchi, New Mexico, and with relatives throughout the Navajo reservation. Mr. Locario has dedicated 15 years of professional development to work with American Indian youth throughout the state of California, within multiple levels of incarceration, in community mental health centers, higher education institutions, and American Indian communities. In addition to providing direct clinical services, Mr. Locario has worked within various youth-serving agencies to bring about systemic change to improve the behavioral health care for Native youth in California. Mr. Locario currently works as the Behavioral Health Program Coordinator for the National Indian Health Board in Washington, DC. slocario@nihb.org

■ **Blake Harper** is the Public Health Intern for the National Indian Health Board. Mr. Harper is originally from, a suburb of the greater Houston area, Kingwood, Texas. He graduated in 2009 from the Texas A&M University at College Station with a BS degree in Biomedical Science. He continued to pursue higher education in the field of public health and is projected to graduate from The George Washington University School of Public Health and Health Services in May 2011 with a Masters of Public Health degree with a focus on Global Health: Design, Monitoring and Evaluation. He has spent time abroad in Mexico and Tanzania participating in various humanitarian efforts. In his free time, Mr. Harper enjoys running, traveling, writing, gardening and biking. bharper@nihb.org

■ **Liz Malerba** (Mohegan Tribe of Connecticut) is the Legislative Assistant for the National Indian Health Board. Prior to joining NIHB, she spent more than three years in the U.S. House of Representatives, serving most recently as Special Assistant to Chairman John Larson in the House Democratic Caucus. While with the Caucus, she was responsible for organizing and staffing the 47-Member Congressional Task Force on Seniors. Under Liz's direction, the Task Force worked to advance issues of importance to older Americans, including introducing a

Seniors Bill of Rights and crafting Caucus message on the preservation of Social Security. She attended Allegheny College in Meadville, Pennsylvania, graduating with a B.A. in Women's Studies. Liz grew up in Uncasville, Connecticut, and is an active member of the Mohegan Tribe. lmalerba@nihb.org

■ **Lena Marceno** is serving as Executive Assistant to Stacy Bohlen and Liaison to the Board of Directors. Lena is originally from Colchester, Connecticut. She obtained her Bachelor's Degree in Political Science and International Affairs from Northeastern University in Boston, Massachusetts. Lena has a background in the United States Congress serving Senators Ted Kennedy and Christopher Dodd. Most recently she served as Senator Dodd's scheduler, helping to finish out his 36 year career in public service. lmarceno@nihb.org

■ **Doneg McDonough** is serving as a consultant to the NIHB on health reform implementation, particularly with regard to Federal regulatory actions. He has extensive experience in the financing, restructuring, and management of health systems and programs and the formulation of health policy. Prior to beginning the engagement with the NIHB, Doneg served as Legislative and Policy Director for a national coalition representing over 34 million Americans working to enact comprehensive health reform legislation. He is intimately familiar with Medicare, Medicaid, and other entitlement programs, having served as a Congressional staff member and having designed and implemented insurance expansions and reforms as a state government official. He also serves as a technical advisor to CMS Tribal Technical Advisory Group. He earned a BA in Sociology at the University of California, Berkeley and a Master of Public Administration from Columbia University in New York. Dmcdonough@nihb.org

■ **Bryce Roth** (Lakota Sioux of the Standing Rock Reservation) is the Office Assistant for the National Indian Health Board. Bryce originally is from Oregon City, Oregon, a suburb of the greater Portland area. He has been working for the NIHB since 2008. Bryce has worked with other Native American organizations pertaining to healthcare and education. During the spring of 2005 and 2006, Bryce on behalf of the Pacific Northwest and the Native American Youth Association, attended the Jane Goodall Ecology of War and Peace in St. Petersburg, Russia. Bryce participated in the Christian Appalachian Project in Eastern Kentucky in 2009. Participants repaired, and built homes while positively influencing the impoverished Appalachian region. broth@nihb.org 🏠

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