



National Indian Health Board

Health Reporter

Volume 15, Issue 1, Spring 2009

Indian Health Made Priority by 111th Congress



Two of the largest pieces of legislation passed by the 111th Congress in the first two months of the Session made Indian health a priority. The American Recovery and Reinvestment Act of 2009 and the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included Indian specific provisions that greatly benefit Indian Country.

The NIHB is thrilled that our efforts on behalf of all Tribes resulted in the passage of the following important Medicare & Medicaid provisions that have been PERMANENTLY enacted in law. The NIHB would like to thank our friends in Congress for ensuring that these important provisions from the IHCIA were included in these two monumental pieces of legislation.

American Recovery and Reinvestment Act of 2009 and Indian Health

President Obama signed the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) into law on February 17th. This \$787 billion economic stimulus package contained many appropriations and provisions that benefit Indian Country.

Indian Health Appropriations:

| | |
|---------------------------------------|----------------------|
| Indian Health Facilities | \$415 million |
| New Construction | \$227 m |
| Maintenance and Improvement | \$100 m |
| Sanitation Facilities | \$68 m |
| Medical Equipment | \$20 m |
| Indian Health Service | \$85 million |
| Health Information Technology | \$85 m |

In addition to these appropriations a number of provisions were passed that will greatly benefit Indian health care. Indian health-specific provisions in the final bill were originally in the Indian Health Care Improvement Act (IHCIA) reauthorization legislation. With the President's signature these provisions have become a part of the Social Security Act (SSA).

1. Protection of Indians from premiums and cost sharing under Medicaid and CHIP [S.1200: Title II, §204(a)]

This provision would prohibit the assessment of any premium and any form of cost sharing (such as a co-payment) on an Indian who is served by an IHS, tribal or urban Indian organization (I/T/U) program and who is enrolled in Medicaid or CHIP. The prohibition extends to such an Indian served through a Contract Health Services program as well. The provision will become effective October 1, 2009.

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NIHB HEALTHY LIVING TIP

Why should I drink more water?

Water is one of the basic building blocks of life. Your body needs it to be healthy. When you don't drink enough water, you can feel very tired and can get headaches. Water can also help you lose weight – people often confuse thirst with hunger. The next time you are hungry and want to eat a sugary or salty snack, drink a glass of water first and wait 30 minutes. You may find that you no longer want that snack!



National Indian Health Board

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From the Chairman

Dear Friends of Indian Health:



Chairman Franklin testifying before the Senate Committee on Indian Affairs, January 15, 2009.

Spring is finally arriving in Washington, D.C. and as the new Chairman of the National Indian Health Board (NIHB), I welcome this season of change. All around us change is occurring and I am looking forward to leading the NIHB to achieving our shared goal of improving access and the quality of health care to all American Indians and Alaska Natives.

We are only a few months into the year and Indian Country has already seen major victories in Congress. The passage of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and the American Recovery and Reinvestment Act of 2009 mark advancements in American Indians and Alaska Natives access to Medicaid and CHIP.

The NIHB on behalf of all of Indian Country is actively engaged in health care reform efforts. We have met with the Administration on a number of occasions including the President's Health Care Reform Summit on March 5, 2009. Indian Country has had a seat at the table during these critically important discussions as the reform debate is advanced. President Obama indicated that he wants a complete overhaul of the nation's health care system by the end of 2009; the NIHB will continue to ensure that Indian Country has a seat at the table in all stages of discussion in Congress and with the Administration.

This year, Indian Country has many opportunities to improve health care. The NIHB will continue to work on the passage of the reauthorization of the Indian Health Care Improvement Act (IHCIA). Both the Senate and House are working hard to introduce IHCIA legislation in the coming month. We will look to Indian Country to UNITE and get this bill passed during the first legislative session. Please stay tuned to the NIHB website and email alerts for Calls to Action on the IHCIA.

Beyond the IHCIA, the NIHB is working towards furthering long term care in Indian Country, increasing the number of AI/ANs in health professions, improving access to care for our veterans, and advocating for much needed increases to the IHS FY 2010 budget.

It is a season of change and I am pleased to assure you that the NIHB is at the table fighting for the tribes and health care every step of the way.

Respectfully,

Reno Keoni Franklin
Chairman
National Indian Health Board

Senate Committee on Indian Affairs Hearing on Youth Suicide Indian Country

On February 26, 2009, the Senate Committee on Indian Affairs held an oversight hearing on youth suicide in Indian Country. Youth suicide among American Indians and Alaska Natives (AI/AN) is in a state of emergency and requires immediate action. According to the Indian Health Service, suicide is the second leading cause of death for Indian youth ages 15-24, which equates to a rate 3.5 times higher than the national average.

Chairman Dorgan (D-ND), Vice Chairman Barrasso (R-WY), Senator Murkowski (R-AK), Senator Udall (D-NM) and Senator Johanns (R-NE) were in attendance for this critical hearing. The witnesses present at the hearing were the Honorable Harry Reid (D-NV) the U.S. Senate Majority Leader; Dana Lee Jetty a Spirit Lake tribal member and high school student from Fort Totten, ND; Robert Moore a Councilmember of the Rosebud Sioux Tribe; Dr. Dale Walker the Director of One Sky Center; Hayes Lewis the Director of Achein Center for Life Long Education; Teresa LaFramboise an Associate Professor at Stanford University; the IHS Director Robert McSwain; and Dr. Eric Broderick the Acting Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Ms. Jetty began the hearing by recounting her younger sister's life and tragic death; she committed suicide in November of 2008. Ms. Jetty, with her family, now have a mission to pass on the message "...tell the ones trying to end their life this way, that it is not the way to go..."

Following Ms. Jetty's testimony the rest of the panel summarized statistics in Indian Country regarding youth suicide and put forth



AI/AN Youth Suicide Experts, Activists and Survivors testified before the Senate Committee on Indian Affairs on February 26, 2009.

recommendations to address the state of the suicide crisis among AI/AN youth. Recommendations included: improved collaboration, cooperation, and data sharing between the IHS and tribes, incorporating culturally competent staff and interventions in tribal schools, completing assessments of the mental health needs of AI/AN youth, and increasing resources for home and community prevention and treatment services.

For more information on suicide prevention among youth, please look for the recently released report by the National Academy of Sciences (2009) titled, *Preventing Mental, Emotional and Behavioral Disorders Among Young People*. If you or someone you know is in need of help, the national suicide hotline number is 1-800-273-TALK. ☎

Jennifer Cooper Named NIHB Legislative Director

The NIHB is pleased to announce that Jennifer Cooper has joined its staff as its Legislative Director.

Jennifer Cooper is an enrolled member of the Seneca Nation of Indians. Prior to joining the NIHB, Jennifer served during the general election as a Get-Out-The-Vote Organizer for Obama's Nevada Campaign for Change. Like many others across the country, she made numerous telephone calls and knocked on countless local constituents' doors. In addition, she brought the Obama campaign to the doorstep of many tribal communities in rural Northern Nevada.

Jennifer holds a Master of Public Administration degree from the Maxwell School of Citizenship and Public Affairs at Syracuse University and a Juris Doctor from Cornell Law School. With the combination of her advance degrees and various professional experiences in the non-profit, government, and private sectors, Jennifer understands and appreciates the complexity of legal and policy issues affecting Indian Country today. "I would like to thank Stacy Bohlen and the NIHB for this opportunity to join the staff. I have tailored my career for a position such as this one and I am honored to serve Indian Country and work to advance tribal health care policy."

Jennifer's prior professional experiences include serving as a Policy Analyst for the Los Angeles City Ethics Commission. For a summer during law school, she also worked as a law clerk for the California Indian Legal Services in Oakland, California. After law school, Jennifer started with the law firm of Stradling Yocca Carlson & Rauth in San Francisco, California and later worked at Kaiser Foundation Health Plan, Inc., a subsidiary of Kaiser Permanente, in Oakland, California before joining the Campaign for Change in Nevada.

Jennifer grew up in Irving, New York. She has a Bachelors of Arts degree with a double major in Native American Studies and Economics from Colgate University in Hamilton, New York. She is also a graduate of the Pre-Law Summer Institute (PLSI) at the American Indian Law Center, Inc. in Albuquerque, New Mexico.

The NIHB is pleased to welcome Jennifer to its team and we are confident that she will make great contributions to fulfilling the NIHB's mission of advancing health care for all American Indians and Alaska Natives. Jennifer can be reached at jcooper@nihb.org and her current direct telephone number is (202) 507-4076. Please join us in welcoming Jennifer to our family. ☎

Exploring Tribal Public Health Accreditation – Project Update

The NIHB continues its work on the Exploring Tribal Public Health Accreditation project. In 2008, the Robert Wood Johnson Foundation funded NIHB to explore the feasibility of a proposed voluntary public health accreditation process in Indian Country. This project complements a national effort in which a new national organization, the Public Health Accreditation Board (PHAB), is implementing a process for voluntary public health accreditation in state, territorial and local health departments. PHAB plans to start accepting applications from public health entities in 2011. While the process is intended to be voluntary, public health accreditation has the potential to lead to improved public health services in tribal communities.



Fortunately, PHAB understands that public health entities in Indian country, such as tribal health departments and programs, may be organized and function differently than state or local health departments, and may have a very diverse set of services, partners, issues and challenges. Therefore, PHAB is looking forward to reviewing the input from the NIHB project to determine how voluntary public health accreditation might work in Indian Country.

The NIHB established an Advisory Board for this project last year and has met three times to review the proposed voluntary public health accreditation process, gather and review input from Indian Country on the project, and make recommendations. At their most recent meeting on February 6, 2009 in Washington DC, the Advisory Board reviewed the recently released proposed draft national standards and measures for public health accreditation as developed by PHAB. The Advisory Board recommended that a Call for Input to Indian Country be released to gather recommendations and comments on these proposed standards and measures. The Advisory Board recommended after their review of the standards that input from Indian Country should be used to modify or adapt the standards to the unique public health settings in tribal communities.

The NIHB is interested in hearing your comments and recommendations about the PHAB draft national standards and measures. A formal Call for Input will be released with specific questions on the standards, but you are encouraged to visit the PHAB website for more information:
<http://www.phaboard.org/standards/default.asp>

IHS Special Diabetes Program for Indians: Improving Health Outcomes for American Indians and Alaska Natives

Imagine that one out of every six people in your community has diabetes. Now imagine that nearly one in three people have pre-diabetes, putting them at increased risk for diabetes. This is the reality of the burden of diabetes in American Indian and Alaska Native communities. Diabetes is an alarming public health problem that has increased drastically over the past 30 years, and not only in Indian Country.

In the wake of increased concern over the human and economic costs of diabetes in the United States and the growing prevalence in American Indians and Alaska Natives, Congress established the Special Diabetes Program for Indians (SDPI) in 1998. This past summer, legislation to extend SDPI funding for two more years was passed by Congress. The SDPI has worked closely with Tribal leaders to plan how that funding will be used to continue to improve health outcomes for American Indians and Alaska Natives and to continue its successful efforts to prevent and treat diabetes.

Now in its 12th year, this \$150 million a year program provides funding for diabetes treatment and prevention services at 399 IHS, Tribal, and urban Indian health programs. These programs serve nearly all Federally-recognized tribes. In addition, 66 demonstration projects are implementing programs that prevent diabetes in high-risk individuals and prevent and manage cardiovascular disease risk factors in people who already have diabetes.

“Dealing with diabetes for the past 15 years has created many ups and downs in my life while I learn to control and reach maintenance of my diabetes,” says Kathy Hughes, Vice Chairwoman of the Oneida Nation of Wisconsin and a Tribal Consultation Advisory Committee (TCAC) member. “I am very appreciative of the research that has been going on during this time that has come up with new products to help me on my path of maintenance. I am very optimistic when I look to the future.”

Thanks to the SDPI, the future is much brighter. SDPI funds have been used to make quality diabetes care practices commonplace in American Indian and Alaska Native health care facilities, resulting in better health outcomes for people with diabetes. Key health indicators – including blood sugar (glucose) control, cholesterol levels and kidney function – all have improved each year since the SDPI was created. These improvements not only help people with diabetes achieve better health, but also help the Indian healthy system reach cost-effectiveness, realize cost savings, and reduce the cost burden of diabetes for all of society. 🌟

The Healthy Indian Country Initiative Spotlight:

The Houlton Band of Maliseet Indians "Trek to Katahdin" Physical Activity Challenge



The Houlton Band of Maliseet Indians (HBMI), located near the Eastern border of Maine, is comprised of approximately 800 members. A smaller band of the larger Maliseet Nation of New Brunswick, Canada, the HBMI are river people and traditional hunters and gatherers. Very sacred to the HBMI and other Tribes is Mt. Katahdin, a local mountain that is a part of the Appalachian Trail. For that reason, the HBMI Health Department developed the event, "Trek to Katahdin," as a tool to increase physical activity among its community members.

Participants of all ages were challenged to walk the 65 miles from the community recreation center to Mt. Katahdin from June 1 - August 23, 2008. The "Trek to Katahdin" physical activity challenge was comprised of two components: 1) a 12-week "Training Challenge" where the participants logged their training miles on paper, and 2) the actual relay to Mt. Katahdin which took place on the last day of the challenge.

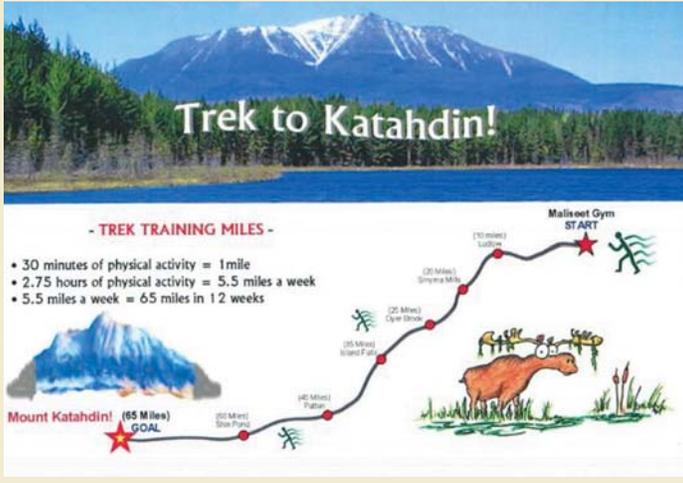
During the 12-week challenge the participants documented their daily physical activity with the goal of reaching the "virtual" Mt. Katahdin. For every 30 minutes of physical activity during this period they

earned one "Trek Training Mile" toward their goal of 65. This was possible by exercising 2.75 hours a week, equivalent to 5.5 training miles over a 12-week period to reach the grand total of the 65 mile "trek." This also allowed each of the participants to train for the real "trek" that would take place at the end of the virtual challenge.

The final day of the 12-week "Trek to Katahdin" challenge the actual "Trek to Katahdin" relay took place. The "trekkers" met at Maliseet Recreation Center donned with walking shoes, water bottles, bikes, and matching blue t-shirts. Two vans followed the trekkers as they took turns walking, jogging, and biking the route toward the base of Mt. Katahdin where a campsite was waiting. Eight hours after the Four Winds Drum Group sent the trekkers out with a song for strength, the goal was reached! The evening concluded with food, more drumming, an awards ceremony, and campfires.

Overall this was a successful event with individuals anxious to participate again next year and others who plan to sign up!

For more information on this HICI project and the national HICI program please contact Audrey Solimon, HICI Program Manager at asolimon@nihb.org or 202-507-4078.



Houlton Band of Maliseet Indians Health Department Logo is used with permission and is not to be reproduced without permission.

UPDATE

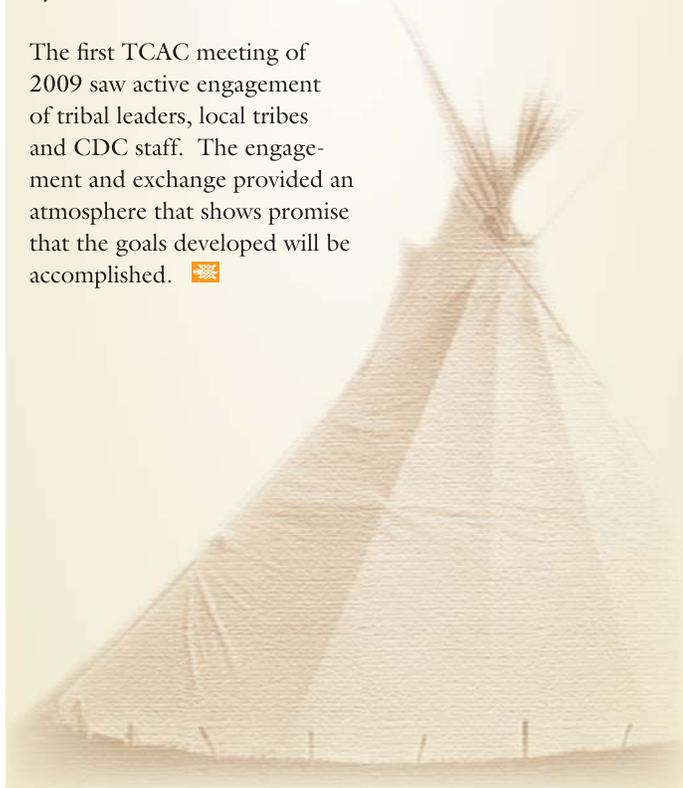
Centers for Disease Control & Prevention & Tribal Technical Advisory Group Hold First Meeting of 2009

The Centers for Disease Control and Prevention (CDC) Tribal Consultation Advisory Committee (TCAC) held their first meeting of 2009 at the Isleta Hotel and Casino in Albuquerque, New Mexico on February 10-12, 2009.

As part of the TCAC meeting, the Association of State and Territorial Health Officials (ASTHO) hosted a one-day tribal engagement meeting featuring their At-Risk Populations Project. This meeting allowed the TCAC to assist in the planning and implementation of ASTHO's At-Risk Populations Project to ensure its cultural sensitivity and appropriateness.

On February 11, the TCAC, the NIHB and visiting CDC staff visited New Mexico's Tohajilee Navajo Community, Pueblo of Laguna, and Pueblo of Acoma tribes. The site visits included a tour of the old Acoma Pueblo "Sky City" and the Tohajilee's Canoncito Health Care Clinic. The clinic is a fantastic center that provides critical health care to the surrounding communities. The diabetes team at Acoma gave a presentation highlighting their exercise programs, healthy eating initiatives, and community gatherings to combat diabetes. The group then toured Sky City which culminated with a 357 foot hike down the mesa on stairs that have been used for hundreds of years by Acoma's residents.

The first TCAC meeting of 2009 saw active engagement of tribal leaders, local tribes and CDC staff. The engagement and exchange provided an atmosphere that shows promise that the goals developed will be accomplished. 🏠

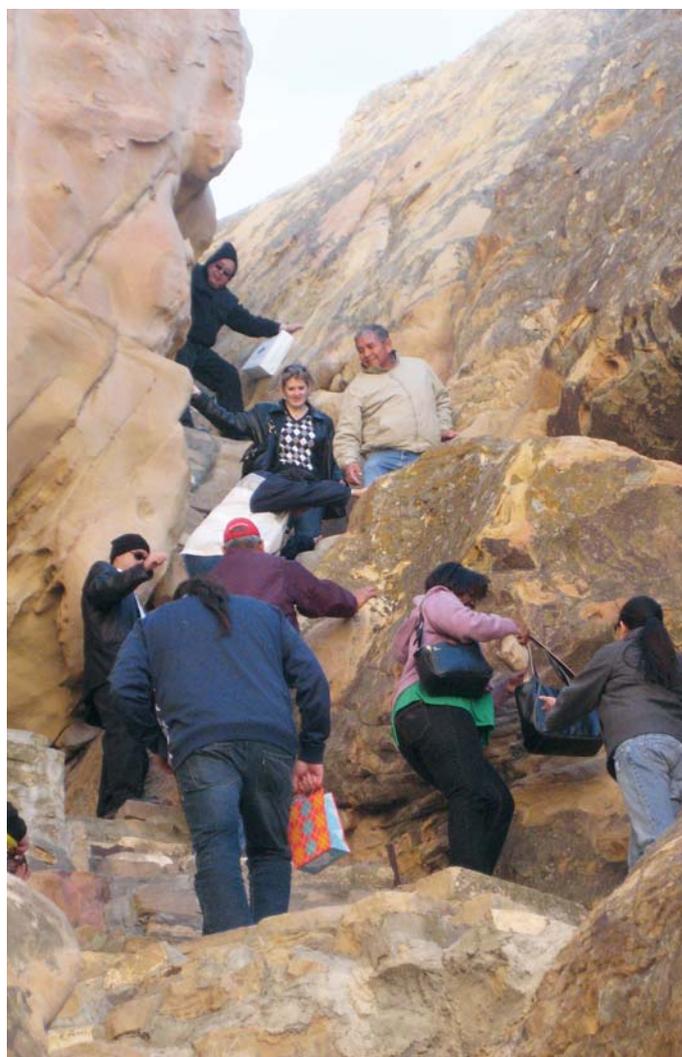


UPDATE

Tribal Leaders Diabetes Committee

The Tribal Leaders Diabetes Committee (TLDC) met in Santa Rosa, California from February 18-20, 2009 to discuss funding for the Special Diabetes Program for Indians (SDPI) for FY's 2010 and 2011. From November 2008-January 2009 tribal consultations were held in each IHS Area to discuss future funding and next steps for the programs. The TLDC assembled and developed a number of recommendations from the tribes and presented them to the IHS Director Robert McSwain. Mr. McSwain will make final decisions on the SDPI funding in the coming weeks. While diabetes continues to plague Indian Country at astonishing rates, the work of the SDPI grantees and the TLDC will create and ensure the healthy future for all American Indians and Alaska Natives.

For more information on diabetes in Indian Country see *IHS Special Diabetes Program for Indians: Improving Health Outcomes for AI/AN* on page 4. 🏠



TCAC members scaled down the side of a mesa from Sky City, New Mexico.

UPDATE

Centers for Medicare & Medicaid Services Tribal Technical Advisory Group

The Centers for Medicare & Medicaid Services' Tribal Technical Advisory Group (CMS TTAG) held its first face-to-face meeting of 2009 in Washington D.C. on February 26-27 at the National Museum of the American Indian. TTAG representatives met with staff from CMS's Tribal Affairs Group (TAG), IHS, and tribal technical advisors to discuss the many Medicare, Medicaid and Children's Health Insurance Program (CHIP) issues that face American Indians and Alaska Natives.

The TTAG was pleased that Charlene Frizzera Acting CMS Administrator, Jackie Garner Acting Centers for Medicaid and State Operations (CMSO) Director, and Kimberly Kleine Acting Director of the Office of External Affairs (OEA) attended the meeting. They discussed the newly enacted Children's Health Insurance Program Reauthorization Act (CHIPRA), the American Recovery and Reinvestment Act of 2009 (ARRA), and the upcoming transition of CMS to a new Administration. The focus of the discussion was the provisions enacted into law that specifically address Indian Country and how the implementation process for these provisions will occur. TTAG members expressed their concerns about how and when the implementations will take place and clearly articulated the desire of TTAG to be involved in the process. For more information on the American Recover and Reinvestment Act of 2009 (ARRA) and the Children's Health Insurance Program Reauthorization Act (CHIPRA) please see the cover story *Indian Health Made Priority in 111th Congress*.

Stacey Ecoffey, Principal Advisor for Tribal Affairs, Office of Intergovernmental Affairs Department of Health and Human Services (DHHS), addressed the TTAG on its concerns about the implementation of the new CHIPRA and ARRA provisions and the impact on Indian Country. Ms. Ecoffey also updated the group on the HHS budget consultation session.

The two day agenda featured discussion on tribal consultation, Medicaid Administrative Match (MAM), Health Care Reform, and other ongoing and future issues the TTAG will address in the coming year. In addition, there were reports from the NIHB, CMS TAG and all TTAG subcommittees. As usual, the agenda was full and the meeting was very dynamic. For more information on this meeting and the CMS TTAG please visit the TTAG website at cmsttag.org.

For more information on the TTAG, please contact John Johns at jjohns@nihb.org or 202-507-4084. 📞

Grant Opportunities

Youth Leadership Challenge At Haskell Indian Nations University June 15 - 19, 2009

Program Overview: The Bureau of Indian Education (BIE) is sponsoring the Youth Leadership Challenge 2009. The program will provide a rigorous schedule of instruction, events, challenges, recreation and social activities that are designed to create awareness and improve the knowledge base of young tribal members in the unique Nation to Nation relationship that Indian Tribes have with the United States Government. Participants will receive instruction from tribal leaders and other experts in the field based upon a curriculum that will provide knowledge and information on the historical, political, legal and social development of tribal governments as the instrument to carry out this nation to nation relationship.

Eligibility Requirements: The program is open to American Indian/Alaska Native students who will be entering their sophomore, junior or senior year during the fall of 2009. Students from all BIE operated and funded schools are welcome to apply. Schools, community and tribal organizations are encouraged to sponsor students to attend the challenge. Food and lodging will be provided. Travel to and from Haskell will be the responsibility of the participant or the participant's school or sponsoring organization.

Application Deadline: The application and supporting materials must be received by Stephanie Birdwell, Deputy Director, Policy and Post Secondary, Bureau of Indian Education, 1849 C Street, NW; MS-3609 MIB Washington, D.C. 20240 by **May 1, 2009**.

Please submit applications to: Stephanie Birdwell, Deputy Director, Policy and Post

Questions: Please contact Ms. Birdwell at: 202-208-4397 or via e-mail at: sbirdwell@bia.edu.

Family Centered Substance Abuse Treatment Grants for Adolescents and their Families

Summary: The Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment is accepting applications for fiscal year (FY) 2009 Family Centered Substance Abuse Treatment Grants for Adolescents and their Families (Assertive Adolescent and Family Treatment). The purpose of this program is to provide substance abuse services to adolescents, their families/primary caregivers and older transition age youth and where appropriate, any significant others/mentors or other appropriate adults.

Application Deadline Date: April 24, 2009

Questions: For more information please visit http://www.samhsa.gov/Grants/2009/ti_09_002.aspx



Upcoming Events

April 2009

April 6-13, 2009
National Public Health
Week: Building the
Foundation for a Healthy
America

April 8-9, 2009
2009 Regional Tribal
Consultation – Region VII
Mayetta, Kansas

April 21-23, 2009
“Partnership” – Business
Office & Health Information
Management Meeting
Atlantis Hotel
Reno, Nevada

April 22-23, 2009
2009 Regional Tribal
Consultation – Region VI
Albuquerque, New Mexico

April 23-24, 2009
Association of American
Indian Physicians Cultural
Medicine Workshop
Albuquerque, New Mexico

April 29-30, 2009
11th Annual HHS National
Tribal Budget Formulation
and Consultation Session
Washington, D.C.

May 2009

May 4-8, 2009
2009 Regional Tribal
Consultation – Region IX
Tucson, Arizona

May 4-8, 2009
National Behavioral Health
Conference
Minneapolis, Minnesota

May 7, 2009
Injury Prevention
Symposium
Hilton Rockville
Rockville, Maryland

May 12-14, 2009
Contract Health Service
Training Seminar
Denver, Colorado

May 12-15, 2009
2009 National Behavioral
Health Conference
Minneapolis, Minnesota

May 18-21, 2009
Tribal Self Governance
Conference
Orlando, FL

May 28-29, 2009
2009 Regional Tribal
Consultation – Region X
Anchorage, Alaska

June Events:

June 3-4, 2009
Sovereignty
Symposium 2009
The Skirvin Hilton Hotel
Oklahoma City, Oklahoma

June 3-4, 2009
Direct Service Tribes
Advisory Committee
(DSTAC) Meeting
Billings, Montana

June 15-19, 2009
2009 Nurse Leaders in
Native Care Conference
Phoenix, Arizona

June 15-18, 2009
NAI Mid Year Conference
Niagara Falls, New York

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Indian Health Made Priority by 111th Congress

2. Exemption of certain Indian property from consideration for Medicaid and CHIP eligibility [S.1200: Title II, §204(b)]

To be eligible for Medicaid and CHIP, an individual's resources must be below certain levels set out in the law. The purpose of this provision is to exempt from the term “resources” property connected to the political relationship between Indian tribes and the Federal government (such as reservation property and natural resources) and property with unique Indian significance (such as property with religious, spiritual or cultural value).

3. Continuation of protection of certain Indian property from Medicaid Estate Recovery [S.1200: Title II, §204(c)]

The Medicaid law requires States to seek to recover costs of care provided to a deceased Medicaid beneficiary from the individual's estate. Several years ago, the Centers for Medicare & Medicaid Services (CMS) used its administrative authority to exempt certain Indian property from the estate recovery requirement in order to remove a disincentive for eligible Indians to enroll in Medicaid. The types of Indian property exempted from estate recovery are currently only described in the Medicaid Manual, an administrative document. The proposed legislation would elevate the Manual provision to the status of law. This Medicaid Manual provision served as the model for the types of Indian property exempt from consideration as “resources” for Medicaid and CHIP eligibility in the provision described above.

4. Tribal consultation on Medicaid and CHIP

[S.1200: Title II, §206]

TTAG. This provision requires CMS to maintain the Tribal Technical Advisory Group (TTAG) chartered by the agency in 2003 to receive policy guidance from tribal representatives on issues involving participation by individual Indians and Indian health programs in Medicare, Medicaid and CHIP.

State Consultation. This provision also requires that any State in which an IHS, tribal or urban Indian organization program is located must consult with representatives from those programs on Medicaid and CHIP matters that are likely have a direct effect on the I/T/U programs. The consultation requirement extends to proposed Medicaid amendments, waiver requests and demonstration proposals, and is to occur before the State's proposal is sent to CMS.

5. Make it easier for Indians to receive Medicaid benefits through Medicaid managed care organizations

[S.1200: Title II, §208]

This provision contains a number of protections, long sought by tribal advocates, which are intended to overcome some negative impacts on Indian health programs that occur when States use managed care approaches for their Medicaid programs. Key features of the provision include:

- An option for an Indian enrolled in Medicaid managed care to select his/her Indian health care provider as a primary care provider.
- A requirement that a managed care entity agrees to pay Indian health providers for care provided to managed care enrollees who are Indian at a rate negotiated with the Indian health provider or at a rate the entity would pay another provider. This payment requirement applies whether or not the Indian health provider is in the managed care entity's provider network.
- Establishment of special rules for an Indian health provider to be an Indian managed care entity under a State Medicaid Plan.

Please stay tuned to the NIHB email alerts for more information about Indian health in the American Recovery and Reinvestment Act of 2009. For additional information about ARRA visit www.recovery.gov

Children's Health Insurance Program Reauthorization Act and Indian Health

On February 4th President Obama signed into law the expansion of the Children's Health Insurance Program Reauthorization Act (CHIPRA) (P.L. 111-3). The NIHB congratulates President Obama and Congress for the quick passage of this important legislation. Chairman Reno Keoni Franklin, "is grateful to Congress for making American Indian and Alaska Native children's health a priority. We are all too aware of the statistics that our children are living shorter lives than their parents; and this legislation is the beginning of ensuring our children receive the health care they deserve."

The NIHB believes that this bill is a positive step towards health care reform and the inclusion of Indian Country in the reform debate. This law contains two Indian-specific provisions and makes grants available to Indian Country for increased outreach and enrollment.

1. Verification of declaration of citizenship or nationality for purposes of eligibility for Medicaid and CHIP

(Section 211) [S.1200: Title II, §203 (d)]

This provision allows for the acceptance of tribal enrollment documents as proof of U.S. citizenship for Medicaid and CHIP. Documents issued by a Federally-recognized tribe evidencing membership or affiliation is proof that the individual is a U.S. citizen for purposes of eligibility for Medicaid and CHIP. Such a document would be given "tier 1" status, the highest possible document status, for demonstrating U.S. citizenship. With regard to tribes located in a state with an international border (Canada or Mexico) which admit non-U.S. citizens as members, the HHS Secretary is directed, after consultation with affected tribes, to issue regulations regarding presentation of additional forms of documentation (if



CMS Acting Administrator Charlene Frizzera, CMS Tribal Affairs Group Director Kitty Marx are seated with TTAG Chair Val Davidson as they address the TTAG on Medicare, Medicaid and CHIP issues facing AI/ANs.

any) which the Secretary determines to be necessary for members of those tribes. Any such other documentation may be tribal documents. Until any such regulations are issued, however, an enrollment document issued by a tribe in a border state will be accepted as satisfactory proof of U.S. citizenship. The provision in the CHIP bill would correct the situation in the way tribes have sought.

2. Increased outreach and enrollment of Indians (Section 202) [S.1200: Title II, §202 (a)]

This provision encourages States to provide for Medicaid and CHIP enrollment on/near reservations, including stationing eligibility workers there and to enter into agreements with IHS, tribes, tribal organizations and urban Indian organizations to provide enrollment and translation services. The provision also allows states to pursue enrollment of Medicaid and CHIP-eligible children by exempting the costs of outreach to Indian children from the 10% cap the law places on federal funds that can be used for CHIP outreach.

3. Grants and enhanced administrative funding for outreach and enrollment (Section 201)

This section of the bill makes IHS, tribes, tribal organizations and urban Indian organizations eligible for direct Federal grants for Medicaid and CHIP outreach programs. \$10 million is set aside for 2009-2013 for outreach and enrollment grants for Indian health service providers

Indian Country is eligible for various grants throughout CHIPRA. More information on these grants will be made available in the

Whenever I go to the doctor, I get nervous and forget to ask about specific things I am worried about. What should I do the next time I go to a doctor?

It is very common for people to get distracted and forget to ask their doctor important questions. The clinic may be crowded, there is a lot of activity, the doctor looks busy, you are nervous, etc. Even though the doctors and nurses are busy, they are supposed to be there to help you. So don't worry about them – focus on getting your concerns addressed. It helps to write down the questions you have for the doctor on a piece of paper and bring them in to the doctor – or even hand it to them when you get there. You should think about which questions are most important to you – if time is short and the doctor can only answer 2 questions in the available time, make sure you know ahead of time which ones are most urgent and important, and put a check mark next to them. Doctors usually like it when patients bring in a list of questions – it ensures that they focus on what is important to you and makes sure they don't miss anything important. If your doctor doesn't like the list, find another doctor who does!

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Indian Health Made Priority by 111th Congress

coming weeks, so stay tuned to the NIHB website for more information. If you have any questions regarding CHIPRA, the Centers for Medicare & Medicaid Services has set up the following email: cmsochipraquestions@cms.hhs.gov.

Upcoming Indian Health Advocacy

The NIHB is excited that the 111th Congress has made Indian health a priority and passed these two pieces of legislation in the first two months of the session!

The National Steering Committee for the Reauthorization of the IHCA (NSC) met in February 2009 at IHS headquarters to lay down the policy framework for the reauthorization of the IHCA legislation. The NSC holds regular conference calls on the effort and the NIHB continues to provide its staffing and technical support.

The NIHB has reinvigorated the DC based Indian health advocates to discuss strategy to pass the reauthorization of the Indian Health Care Improvement Act (IHCA). The IHCA Coalition met on March 13, 2009. It was clear that this legislation will be passed THIS YEAR. The participants included the NIHB, NCAI, NCUIH, PACE-Capstone, National American Indian Housing Council, American Academy of Pediatrics, Alaska Native Tribal Health Consortium, Chickasaw Nation and Hill staff.

The NIHB will continue to work with Congress to advance Indian health and improve the lives of all American Indians and Alaska Natives. Stay tuned to the NIHB website for legislative updates and how you can be a part of the efforts for the passage of the reauthorization of the Indian Health Care Improvement Act. This WILL be passed this year! 🇺🇸





National Indian Health Board



The National Indian Health Board proudly presents the
26th Annual Consumer Conference
Native Health in the Era of Reform

Hosted by the Nashville Area Tribes through
the United South and Eastern Tribes

September 14-18, 2009
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Featuring:

- Engaging speakers from Indian Country, the White House and Congress
- Centers for Medicare & Medicaid Services Day
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- Culture night celebration



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We understand that every dollar of your tribal resources goes directly to the health and wellbeing of your tribal members.

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