



National Indian
Health Board



The Red Feather Of Hope And Healing

MOVING INDIAN COUNTRY FORWARD HEALTH CARE REFORM: ONE YEAR LATER

Today, March 23, 2011, marks the one-year anniversary of Health Care Reform for the United States and Indian Country. Passage of the Patient Protection and Affordable Care Act (ACA) and the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) provides Indian Country new opportunities to ensure the health, wellness, and strength of our tribal citizens and communities. Provisions of the ACA offer American Indians and Alaska Natives improved insurance protections such as no-cost preventative services, elimination of lifetime caps on health coverage, and prohibitions on denial of insurance coverage to children with pre-existing conditions. The law will provide a series of lasting changes, many of which are just starting to bring a greater quality of life to all Americans.

Tribal nations are also celebrating another one year milestone – the anniversary of the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA). After a twelve-year battle, Indian Country's health system of choice is finally beginning to realize much needed modernizations. IHCIA provisions improve coordination of health care such as cancer screenings and dialysis treatment, increase resources for tribal, urban, and Indian Health Service (IHS) facilities, authorize development of long term care programs, and expand workforce initiatives in tribal communities.

Our work, however, has only just begun. Just as passage of the ACA and the IHCIA took a concentrated effort, so has its implementation. Tribal leaders, health providers and professionals, policymakers, and our federal partners have spent the last twelve months working vigorously to guarantee that Indian Country is included in the implementation of new programs. Together, we have successfully implemented a number of provisions, engaged agencies in on-going consultation, and advised agencies through public comment and regulations.

Implemented Provisions to Date

Some of the provision under the new health care law required very little change or consultation. The IHS has successfully implemented several provisions of IHCIA including those that exempt tribes from federal fees, require third party reimbursements, cover travel costs for patients, and establish behavioral health training and community education. Under the ACA, the Department of Health and Human Services (HHS) has implemented important provisions including extending insurance coverage to young adults until they are 26 years old, prohibiting pre-existing conditions clauses for children's health insurance, relieving seniors from the prescription drug "donut hole", and eliminating lifetime limits on insurance coverage.

In a recent funding announcement, the Center on Consumer Information and Insurance Oversight (CCIIO) required states to consult with federally recognized tribes within their boundaries throughout the creation and implementation of state exchanges.

Consultation on ACA and IHCIA

On May 12, 2010, HHS and IHS jointly initiated consultation on the implementation of the ACA and IHCIA. Together, the agencies requested that tribes assist in identifying priorities, provide feedback, and establish a mechanism for ongoing consultation. Below are the health reform specific provisions about which IHS has initiated consultation to date. As always, tribes can submit comments or feedback any time using the consultation@ihs.gov e-mail address.

Federal Employees Health Benefits Program (FEHB)

Section 409 of IHCIA authorizes tribes operating programs under the Indian Self Determination and Educational

Assistance Act (ISDEAA) or urban Indian organizations operating a program under Title V of the IHCIA to purchase coverage under the Federal Employees Health Benefits (FEHB) program and Federal Employees Group Life Insurance (FEGLI) for their employees. In October of last year, the Office of Personnel Management (OPM) initiated consultation and collected data from tribes. Recently OPM announced their next steps. OPM plans to conduct regional listening sessions with tribal leaders and HR representatives to better assess the varying needs of tribes based on their size and/or geographic location, convene a formal consultative process comprised of tribal leadership to resolve outstanding technical and operational implementation issues, develop Title V regulations to implement the programs and create a paymaster function to establish an enrollment and premium collection function to be used by participating tribes and tribal organizations.

Health Insurance Exchanges

Exchanges will help individuals and small employers shop for, select, and enroll in high-quality, affordable private health plans that fit their individual needs at competitive prices. By providing a place for one-stop shopping, Exchanges will make purchasing health insurance easier and more understandable. The ACA includes specific provisions relevant to American Indians and Alaska Natives related to the state-based Exchanges, including:

- elimination of cost-sharing for Indians below 300 percent Federal Poverty Level (FPL) and for services provided by the IHS, tribe, tribal organization, or urban Indian organization
- establishment of special monthly enrollments periods for Indians and
- exemption from the shared responsibility penalty.

Last November, IHS and Center for Consumer Information and Insurance Oversight (CCIIO) initiated consultation on the Indian specific provisions of the State Based Insurance Exchanges.

Indian Health Care Improvement Fund (IHCIF)

The IHCIF was established to determine the overall level of need funded for federal, tribal government, or tribal organization health care facilities. A formula was established that assigned facilities a level of need funded percentage relative to funding spent for federal employees for health insurance through the Federal Employees Health Benefits Program (FEHB). The average level of need funded for all facilities was determined to be 55 percent of the FEHB benchmark. Many facilities were funded at levels below that average. Each year since 2001, Congress has appropriated funding for facilities with the

lowest percentage level of need funding, and to date, we have been able to raise all facilities to at least 46 percent of their estimated level of need. However, additional funding is needed to raise all facilities to the IHS average of 55 percent, which was the original goal after tribal consultation on this issue. A provision of the IHClA reauthorizes the IHCIF and includes the following: 1) an updated list of services that the IHCIF may support; 2) a requirement to report on resource deficiencies for facilities in the IHS system and, if available, provide updates on “waiting lists” and Indians “turned away” due to resource deficiencies; and, 3) a requirement that affirms the IHS must consider services and resources provided by any federal programs, private insurance, and programs of state and local governments in the formula. These modifications to the IHCIF authorization make it clear that consultation is timely and IHS is requesting comments about the current IHCIF funding process and reconsideration of the formula.

To review the current formula, click [here](#) and submit comments to consultation@ihs.gov.

Tribal Epidemiology Centers (TECs)

Tribal Epidemiology Centers (TECs) and the IHS worked together to develop a draft Data Sharing Contract (DSC). The development of this contract template is to allow all TECs, now considered Public Health Authorities under IHClA, to share health data for analysis. The DSC limits data to patients within the area and will not include identifiers like patients’ names or tribal affiliations. However, this data will certainly prove valuable when evaluating overall health and wellness of the twelve areas and assessing the success of recent health care reform provisions.

You can review the draft DSC [here](#) and submit comments to IHS at consultation@ihs.gov.

Federal Tribal Advisory Groups Working Toward Implementation

Tribal advisory committees and groups have become the backbone of the health reform implementation. These groups engage HHS operating divisions regularly, sharing technical experience and making suggestions for agency action to improving Indian health care. Advisory groups are essential in developing regulations and implement new processes. Their ongoing work plans ensure Indian Country is represented as health reform moves forward.

National Organizations Provide Opportunities for Outreach, Education, and Discussion

National tribal organizations such as National Congress of American Indians (NCAI), National Indian Health Board (NIHB), National Council of Urban Indian Health (NCUIH) and Tribal Self-Governance have offered numerous opportunities for in-depth discussions, strategy sessions, and education. The national organizations have worked continuously to develop

HHS Advisory Groups

- STAC – Secretary’s Tribal Advisory Council
- TTAG – CMS Tribal Advisory Group
- STTAC – SAMHSA Tribal Technical Advisory Committee
- TCAC – CDC Tribal Consultation Advisory Committee
- HRAC – Health Research Advisory Committee
- TSGAC – Tribal Self Governance Advisory Council
- DSTAC – Direct Service Tribal Advisory Council
- IHS National Tribal Budget Formulation Workgroup
- NTAC –IHS Behavioral Health Advisory Committee

materials and initiatives to ensure that Indian Country is informed about ACA and IHCIA. A partnership between the NCAI, NIHB, NCUIH and IHS has provided numerous opportunities for tribal leaders, policymakers, health directors, and individuals to learn more about specific provisions of the legislation, including two webinars, several conference calls, and web resources. In addition, the national organizations have continuously distributed updates regarding implementation of the ACA and IHCIA. We hope this partnership will continue to be successful in assisting Indian Country.

National Congress of American Indians: 67th Annual Conference

The National Congress of American Indians' 67th Annual Convention provided tribal leaders and industry experts an opportunity for lengthy discussions, detailed explanations, and engagement with leaders who are working to implement provision of the IHCIA and ACA. Breakout workshops, listening sessions and committee meetings included topics such as taxation, employer responsibilities, health care opportunities for American Indians and Alaska Natives, and what to expect next in the implementation process.

National Indian Health Board: 27th Annual Consumer Conference

The National Indian Health Board would like to express its appreciation to all the tribes, regional health boards and other organizations for the opportunity to conduct trainings and briefings on the ACA and IHCIA. The National Indian Health Board continued this commitment to providing the latest information on the ACA and IHCIA at its 27th Annual Consumer Conference. In addition to various speakers and workshops held throughout the conference that addressed the ACA and IHCIA, NIHB held a daylong plenary session on the last day of the conference to provide attendees with exposure to a broad range of ACA and IHCIA topics such as Federal Employee Health Benefits, Insurance Premiums, Medicaid expansion and tribal employer responsibilities.

National Council of Urban Indian Health: ACA/IHCIA Training

The National Council of Urban Indian Health, in conjunction with our allies throughout Indian Country, has drafted a training toolkit that provides detailed analysis of relevant provisions of both ACA and IHCIA. This toolkit was formally presented in January 2011 at the Urban Indian Health Summit held in Washington, D.C., at which time our community was provided an opportunity to submit questions about this very complex piece of legislation. These questions formed the basis of a Q&A document that provides specific guidance and background on the many areas of law which are affected by IHCIA and ACA. Both the toolkit and the Q&A are available on the [NCUIH website](#).

Tribal Self-Governance: Annual Conference

The 2010 Annual Tribal Self-Governance Conference was held May 1-6, 2010 at the Casino Arizona, hosted by the Salt River Pima-Maricopa Indian Community. There were approximately 740 attendees, representing 119 Tribes and 28 Tribal consortia. The Conference theme was "Self-Governance: The Path to Solutions." As part of the discussions, two round-table sessions were held regarding the newly-passed ACA that included the permanent reauthorization of the IHCIA. These forums were one of the first national sessions convened in Indian Country since President Obama signed the law. The sessions included a brief overview on the Indian-specific provisions in the health reform bill, expansions for the Medicaid program and changes in Medicare, and most importantly changes included in the reauthorization of the IHCIA that are most likely to affect self-governance tribes. Conference participants also had the opportunity to address their specific concerns with panelists during the Q & A portion of this session.

Direct Service Tribes 7th Annual Meeting

The Direct Service Tribes (DST) Advisory Committee hosted its 7th Annual DST National Meeting on August 24-26, 2010 in Billings, Montana. This three day meeting focused on top issues in Indian health including the ACA, IHCIA, , health and wellness programs as well as best practices at the service unit level. Breakout sessions topics included Improving Patient Care, Community Health, Contract Health Services, Revenue Generation and more.

FY 12 Budget Request Reflects Administration's Commitment

President Obama released his fiscal year 2012 (FY12) budget request on Monday, February 14, 2011. Included in the President's budget was a true commitment to the successful implementation of the Affordable Care Act. The FY12 budget shows increased funding for IHS, Administration on Aging (AoA), and Health Resources and Services Administration.

Next Steps and Important Dates

Despite the phenomenal work that was completed over the last twelve months, there is still more to be done. Over the next year, there will be more opportunities to discuss and learn about implementation of health reform. Your national organizations and others will continue working with tribal communities, facilities, and our federal partners to insure that Indian Country is represented throughout the process.

There are a few things to look for as we move forward, including the National Tribal Health Reform Implementation Summit hosted by the National Indian Health Board on April 19 & 20, 2011 in Washington, DC. The purpose of this summit is to empower tribal leaders, health professionals and individuals with the latest information regarding the implementation of the Affordable Care Act and share ideas to ensure that the Indian health delivery system is strengthened and improved so that Indian people and the Indian health programs benefit from reformed systems.

Additionally, over the next few months national organizations will reach out for assistance and support to lobby Congress to fund provisions of the recent health care law that are important to Indian Country. Appropriations for the IHCIA are essential to the continued success of health care implementation and we are looking forward to working with Indian Country to guarantee the best results for tribal communities across the nation.

Highlights of FY12 Budget Request

- Under the President's proposed budget, **IHS received a 14 percent increase** for programs such as Contract Health Services (CHS), alcohol and substance abuse, facility construction, and IHCIA implementation.
- Despite a \$44 million budget reduction, SAMHSA prioritized the reallocation of funding to create the new state, tribal, and community prevention grants. The SAMHSA's request includes **\$50 million** - allocated from Affordable Care Act's Prevention Funds - to support the Behavioral Health Tribal Prevention Grants.
- The budget request for the AoA includes first time funding of Adult Protective Services demonstration grants and designates **\$2 million** to the Native American Elder Rights Initiative.