National Indian Health Board

Legislative Update
National Tribal Health Conference

September 18, 2018

Stacy A. Bohlen, Chief Executive Officer

2018 Legislative Agenda

- Preserve Medicaid protections and expanded eligibility for American Indians and Alaska Natives
- Phase in Full Funding for Indian Health Services and Programs for American Indians and Alaska Natives in the Indian Health Service (IHS) and Beyond
- Enact Mandatory Appropriations for the Indian Health Service
- Increase Appropriations to Indian Country outside of the IHS
- Build Capacity of Tribal Public Health
- Seek Long-Term Renewal for the Special Diabetes Program for Indians at $200 Million
- Create Specific Funding to Address the Opioid Crisis in Indian Country
- Enact Special Suicide Prevention Program for AI/ANs
- Provide Continued Oversight and Accountability on the Indian Health Service - Quality
- Workforce Development for Indian Health and Public Health Programs
- Expand Tribal Self Governance at the Department of Health and Human Services
- Provide Resources to Improve the Health Information Technology (IT) system at the IHS
- Improve Care for Native Veterans
- Ensure the Inclusion of Tribal Priorities in the Farm Bill
- Support Native Youth Policy Agenda

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Major Legislative Victories 2018

- Special Diabetes Program for Indians Renewed for 2 years
- $50 Million in Opioid Funding directly to Tribes in FYs 2018 &19 / $5 million set aside for Medication Assisted Treatment in FY 2018; $10M FY 2019
- 10% increase for IHS in FY 2018, despite proposed cut by Administration
- Increases in funding outside of IHS like Good Health and Wellness in Indian Country and Tribal Behavioral Health Grants

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Major Legislative Victories 2018

- **Legislation introduced on key priorities including:**
  - Bill to renew SDPI for 7 year and provide inflationary increases (H.R. 2545 / S. 747)
  - Special Behavioral Health Program for Indians (H.R. 3704 / S. 2545)
  - The Native Health and Wellness Act which gives baseline Public Health Funding (H.R. 3706)
  - Legislation providing Tribes Access to State Response to Opioid Grants (S. 2270/S. 2437/ H.R. 5140)

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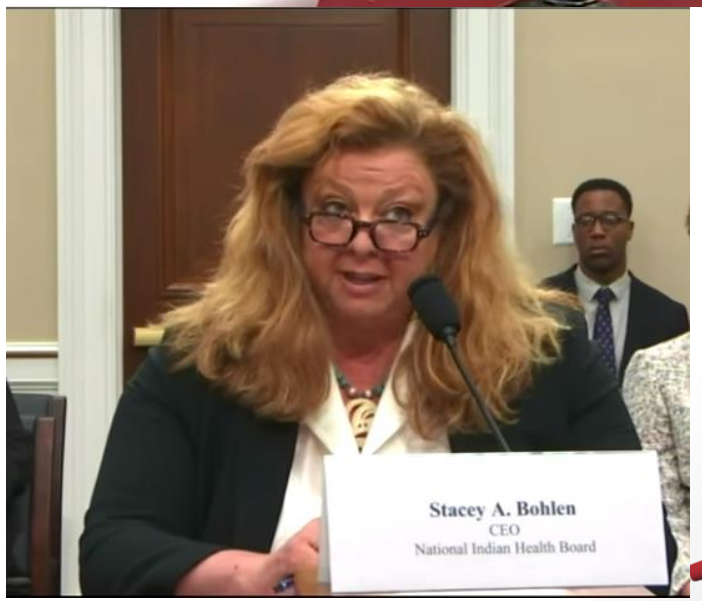
FY 2019 Appropriations

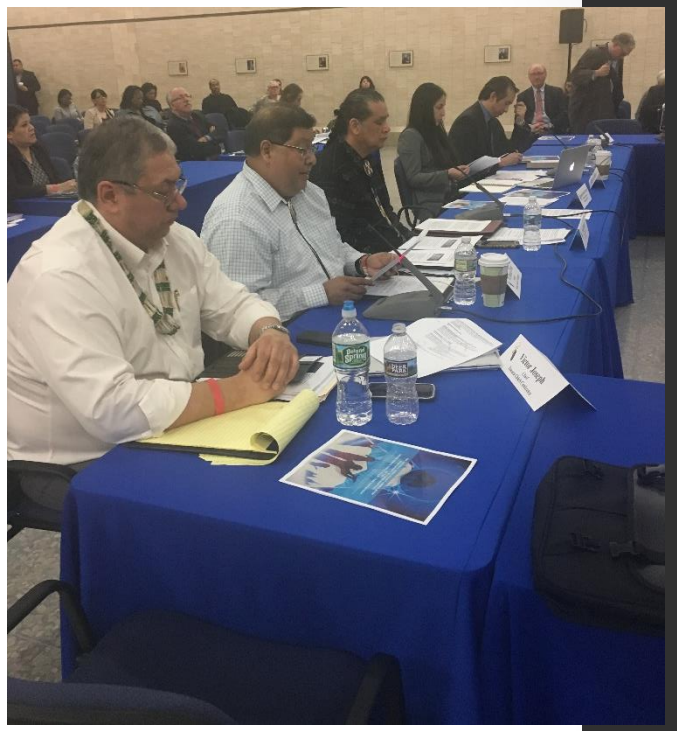
- NIHB CEO Stacy A. Bohlen testified before the House Labor HHS, education Appropriations Subcommittee on April 26, 2018
  - Priorities included direct public health funding to Tribes; emergency preparedness funding; additional behavioral health funding

- NIHB Chairman Vinton Hawley testified on IHS budget on May 10
  - Reflected Tribal Budget Formulation Workgroup priorities for FY 2019



Indian Health Service Appropriations FY 2019

- NIHB Follows the Recommendations of the Tribal Budget Formulation Workgroup and recommended $6.4 billion for IHS in FY 2019
- House draft: $5.9 billion for IHS
- Senate draft: $5.8 billion for IHS
- SDPI to continue as mandatory
- CHRs are funded at FY 2018 level



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Labor HHS Appropriations FY 2019

- Good Health and Wellness in Indian Country (CDC) – $21 million (+$5M)
- Tribal Behavioral Health Grants --$40 million (+$10M)
- Medication Assisted Treatment $10 million Tribal set aside (+$5M)
- State Opioid Response Grants – $50 million Tribal Set-aside

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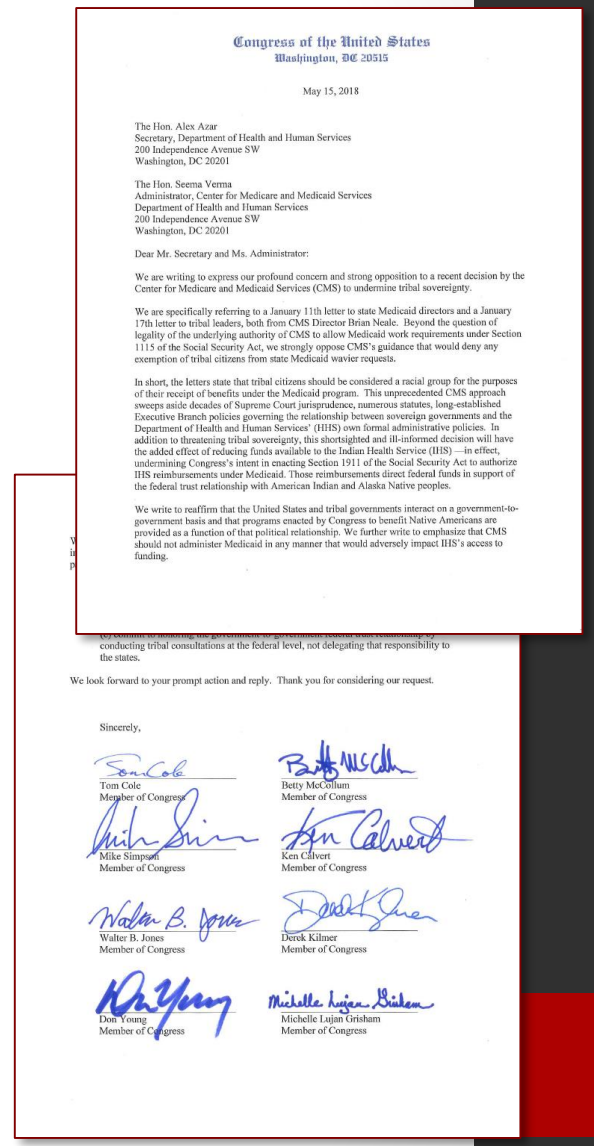
Tribal Sovereignty

- NIHB led effort for Congressional sign on letters opposing CMS position that an exemption for AI/ANs would be a violation of the Civil rights act.
  - 4 letters - Signed by 10 Senators and 75 House members
- Appropriations Committee Report contains Language Affirming Congress' stance on Tribes as sovereign nations

"No discretionary action taken by any Administration can impede the direct relationship between the Federal government and the provision of health care for Indian Tribes."



Congress of the United States
Washington, DC 20515

May 15, 2018

The Hon. Alex Azar
Secretary, Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

The Hon. Seema Verma
Administrator, Center for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Mr. Secretary and Ms. Administrator:

We are writing to express our profound concern and strong opposition to a recent decision by the Center for Medicare and Medicaid Services (CMS) to undermine tribal sovereignty.

We are specifically referring to a January 11th letter to state Medicaid directors and a January 17th letter to tribal leaders, both from CMS Director Brian Neale. Beyond the question of legality of the underlying authority of CMS to allow Medicaid work requirements under Section 1115 of the Social Security Act, we strongly oppose CMS's guidance that would deny any exemption of tribal citizens from state Medicaid wavier requests.

In short, the letters state that tribal citizens should be considered a racial group for the purposes of their receipt of benefits under the Medicaid program. This unprecedented CMS approach sweeps aside decades of Supreme Court jurisprudence, numerous statutes, long-established Executive Branch policies governing the relationship between sovereign governments and the Department of Health and Human Services' (HHS) own formal administrative policies. In addition to threatening tribal sovereignty, this shortsighted and ill-informed decision will have the added effect of reducing funds available to the Indian Health Service (IHS) —in effect, undermining Congress's intent in enacting Section 1911 of the Social Security Act to authorize IHS reimbursements under Medicaid. Those reimbursements direct federal funds in support of the federal trust relationship with American Indian and Alaska Native peoples.

We write to reaffirm that the United States and tribal governments interact on a government-to-government basis and that programs enacted by Congress to benefit Native Americans are provided as a function of that political relationship. We further write to emphasize that CMS should not administer Medicaid in any manner that would adversely impact IHS's access to funding.

conducting tribal consultations at the federal level, not delegating that responsibility to the states.

We look forward to your prompt action and reply. Thank you for considering our request.

Sincerely,

Tom Cole
Member of Congress

Betty McCollum
Member of Congress

Mike Simpson
Member of Congress

Ken Calvert
Member of Congress

Walter B. Jones
Member of Congress

Derek Kilmer
Member of Congress

Don Young
Member of Congress

Michelle Lujan Grisham
Member of Congress

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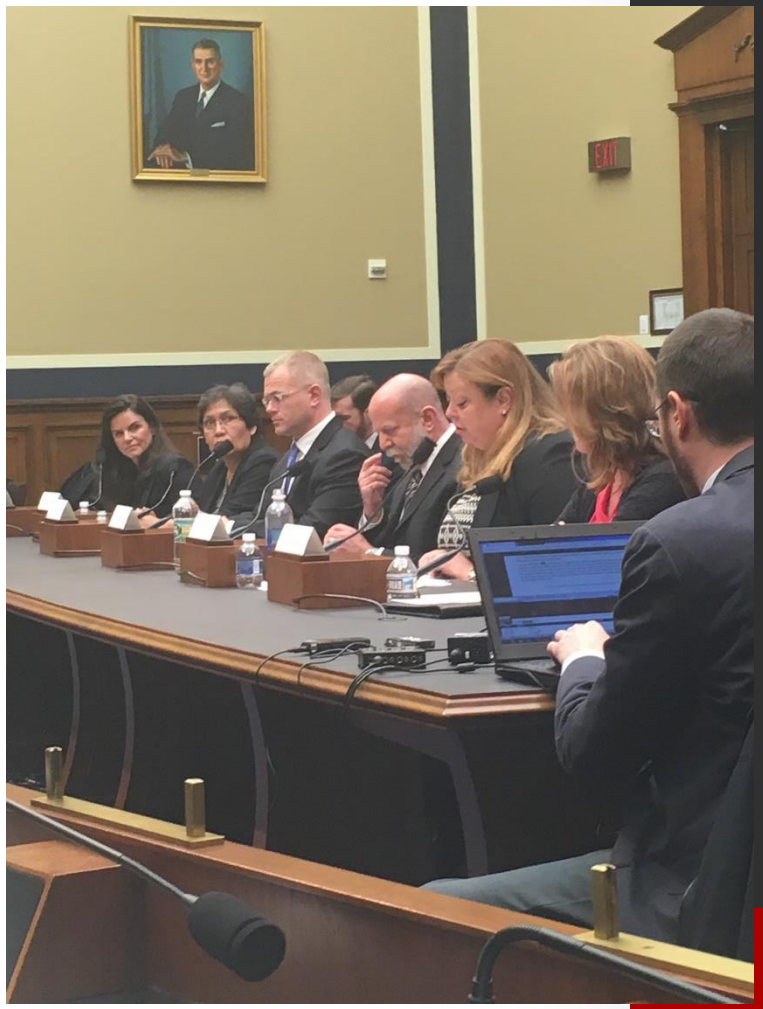
Opioid Legislation

- NIHB testified before the House Energy and Commerce Committee and the Senate Committee on Indian Affairs
- Submitted 6 congressional testimonies on opioids – 2 times in person
- Senate bill contains $50 million Tribal set-aside for State Response to Opioid Grants and many other language recommendations that were made by NIHB to include Tribes
- Senate passed the bill yesterday and it will be conferenced with the House for final passage later this year



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House Energy and Commerce Committee Task Force

- In 2017, the House Energy and Commerce Committee created the bi-partisan IHS Task force.
- NIHB has met with the task force numerous times and provides advice
- Final Report expected in late 2018

NIHB's Work with the Farm Bill

- January 18, roundtable with Senate Committee on Indian Affairs on Tribal priorities in the Farm Bill
- March: joined the Native Farm Bill Coalition which now has over 160 Tribes and 11 Native organizations
- Ongoing meetings with members of Congress on the Agriculture and Indian Affairs Committee

NATIVE FARM BILL COALITION
National Indian Health Board

Farm Bill Update

- The Farm Bill is currently in conference committee.

House Farm Bill

- Food Distribution on Indian Reservations (FDPIR):
  - Adds “regionally-grown” to the traditional foods provision purchases for FDPIR.
  - Allows 2-year carryover funding for FDPIR
- Allows Interior and Agriculture Secretaries to enter into 638 Self-determination agreements with Tribes under the Tribal Forest Protection Act.

Senate Farm Bill

- Adjusts the match requirements and funding limitations for the Food Distribution Program on Indian Reservations (FDPIR) so that economically disadvantaged tribes may reach more households in need of assistance;
- Authorizes a new $5 million demonstration project to allow some tribes to purchase some FDPIR food under self-determination ("638") contracts;
- Creates a Tribal Advisory Committee at the USDA

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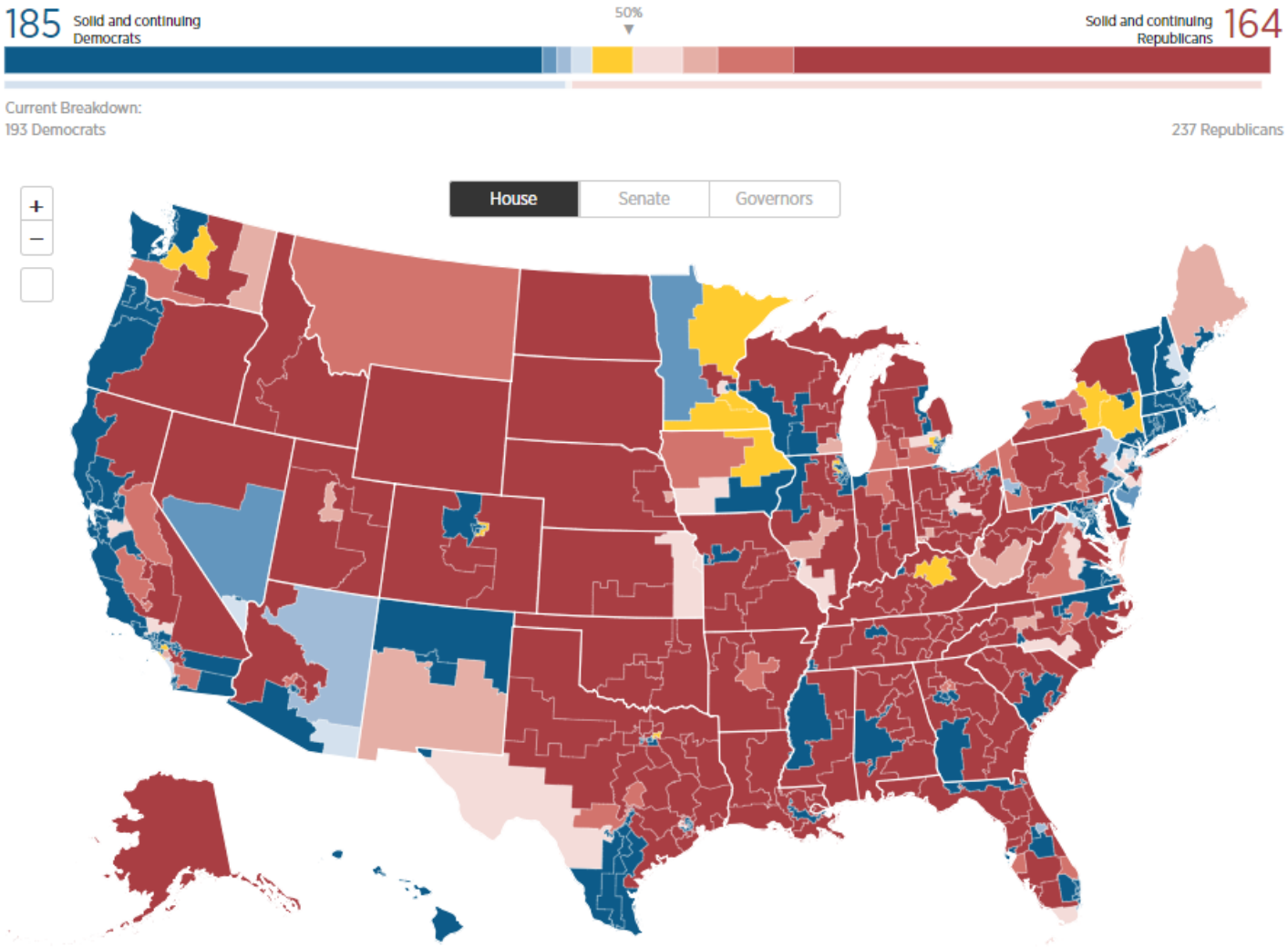
2018 Election Outlook - House



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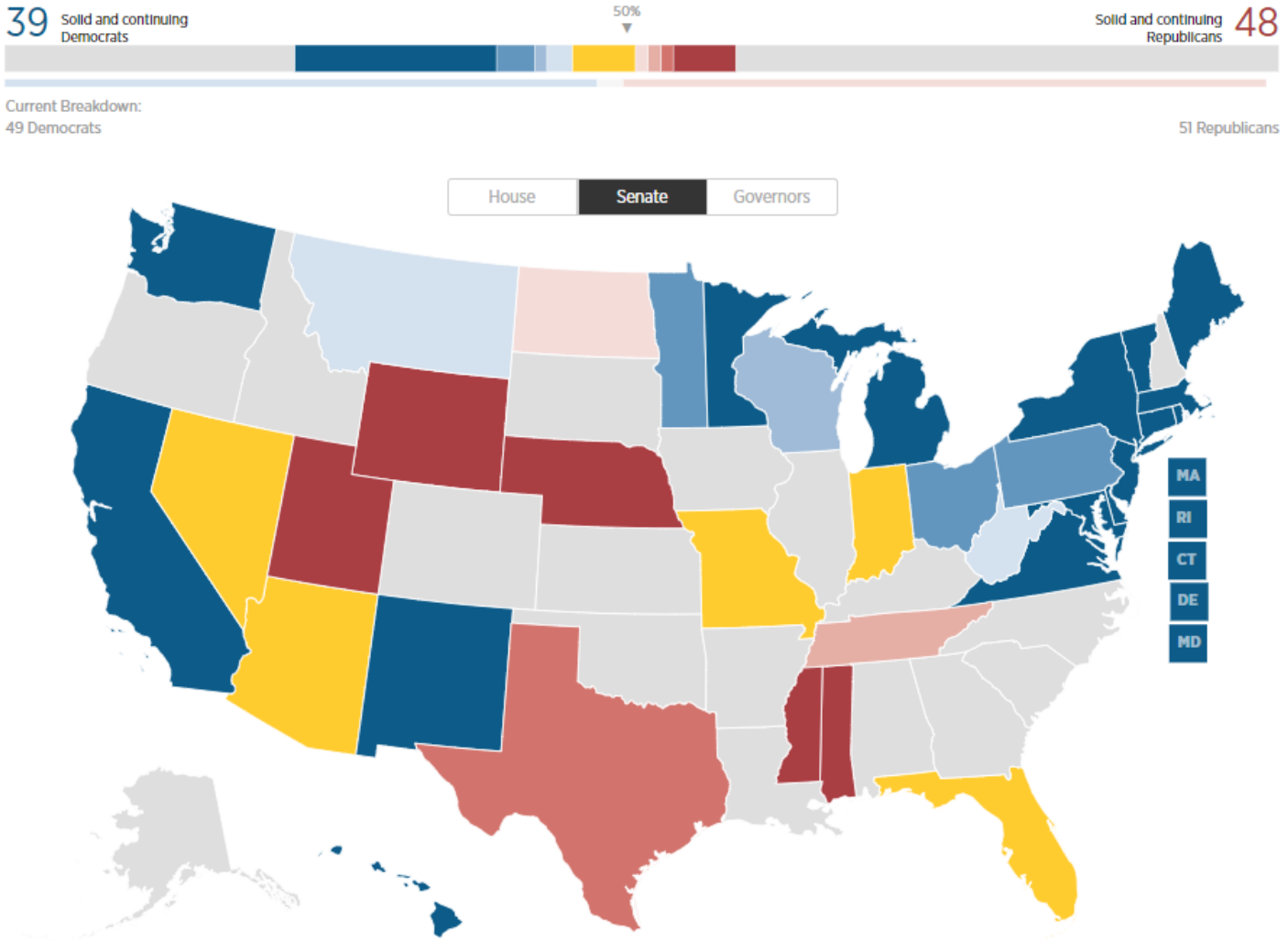
2018 Election Outlook – Senate



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Thank you!

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