SEPT. 21st Conference Call Agenda

Review Sept 12th meeting notes - copies faxed to call participants on Tues., 9/19

Discuss Sept 13th meeting with OMB and report on any developments

Receive and discuss ways to improve the justification narratives for NBB.

Dr. Broderick/HQ Office of Public Health will be on call for this item.

Discuss the work needed to prepare for completing FY 02.

Recommendation: Do 1 full day of work in ABQ on 11/09/00 on strategy and take to NCAI Annual Convention as first step

Discuss timeline for FY 03 process Workgroup meeting date to get briefed on final Pres. Budget Request for FY 02 When to do training: Training locations: Mike Ma

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FY 02 Budget Workgroup Meeting Report September 12, 2000 Rockville, MD

In attendance:

WORKGROUP MEMBERS:

Chairperson Rachel Joseph, CA Area Council Delegate Jerry Freddie, NAV Area Bob Hall, ABER Area Rosemary Lopez, TUCS Area Carol Myers, BILL Area Brenda Shore Fuller, NASH Area

Governor Malcomb Bowekaty, ABQ Area Arlene Naganosh, BEMID Area Barbara Namias, NCUIH Yvette Joseph-Fox, NIHB

IHS STAFF:

Michel Lincoln(9/12 - AM only) June Tracy Verna Hosteenez Randy Gardner Bill Dew Cliff Wiggins Gary Hartz

Jim Cussen Elma Trancosa Rosetta Tracv Elizabeth Fowler Edna Paisano Linda Ouerec

OTHERS:

Sharon Clahchilliage, NCIUH

FIRST ITEM OF BUSINESS: Report on Tribal leadership meeting with OMB on BIA Budget and discussion on Sept. 13, 2000 Tribal/Urban leadership meeting with OMB on FY 01

Received reports on 9/6/00 tribal leadership meeting with OMB on BIA budget priorities from Gov. Bowekaty and Mr. Lincoln who both attended the meeting. Discussion with Mr. Lincoln, Deputy, regarding the supporting documents needed for the 9/13/00 tribal/urban leadership meeting with OMB regarding FY 2001 conference action and related budget discussions. Group reviewed Seattle meeting recommendations on FY 01 strategy and agreed to development of one-pagers on CHS, CSC, DIABETES, PHARMACEUTICALS, and IHCIF that would describe how increments of \$50 M, \$100 M, \$150 M and \$200 M could be used by I/T/Us. Decided to work as late as needed to finish refining Seattle meeting recommendations and devote Wednesday, 9/13, morning to preparing for OMB meeting.

- 09/20/00 WED 15:16 FAX 301 443 4794
 - Shaping the message is important key to educational process part of a public relations campaign (could include involving gaming tribes as sponsors of major effort)
 - INCREASE KNOWLEDGE AND AWARENESS OF OUR OWN AND OUR COMMUNITIES' HEALTH STATUS:

GROUP RESPONSIBLE: NCAI President Sue Masten, Chairperson Rachel Joseph, Governor M. Bowekaty, Council Delegate Jerry Freddie or Vice Pres. T. McKenzie, NIHB Exec. Dir. Yvette Joseph, NCUIH, Arlene Naganosh/Bemidji area rep.

Specific Guidance based on Seattle Recommendations:

- O Use as a model the southwestern inter-tribal leaders strategy on water rights a negotiations
 - O Solicit tribes to have their lobbyist devote a percentage (maybe 5%) of their time to dealing with tribal health issues
 - Could create a war chest of resources
 - o Prevent others from using "divide and conquer" approach
 - o Nationally, key players are NCAI, NIHB to get tribal commitment for maybe 1% of lobbyists' time. Work with National Indian Gaming Association.
 - o Leadership need to facilitate making this a priority
 - o Address "State of Indian Country"
 - o Assess the impact of "contract with America", downsizing, decentralizing, block grants on delivery of health care and consequences for local communities

TOOLS – IMPROVEMENTS

- How often to do the NBB and RBB: Final recommendation is to -
 - Revalidate FY 2002 NBB in FY 2003
 - Do RBB every year
- Use of service population versus user population
 - Review the both population numbers in time for the revalidation of FY 02 NBB to see how great the variance between use of service population and user population is. (IHS Staff assigned: CWiggins and OPH Prog. Statistics staff Edna Paisano)
 - If determine that the variance is insignificant, the highest number will be used at service unit or area level.
 - Suggestion: Review the IHS service policy to help clarify population and affects new tribes in particular. Example: when new tribe is recognized, the tribe can submit only their members but when services become available, IHS eligible AIs living in the service area seek care

at the tribal facility. This result in a higher number being served then the population used to determine funding.

o NBB:

- Is a marker and a target to work toward
- Use the term "target" not "cap" or "limit"
- Keep using Medicaid marker, adjusted for inflation, and use it to revalidate FY 02 NNB for FY 03
- State-by-State breakdown Do for actual appropriations which would be FY 2000 and put on the IHS website. (IHS staff assigned: CWiggins)
- Cannot do for projected/proposed RBB.

o FY 03 RBB Increments

- Considered 3 options initially: 10%/20%; Annual adjustment tied to Secretary's Decision plus phase-in of NBB; and consider the historical experience with appropriations increase.
 - President's Budget increase has been 15 20 % and appropriations increases have ranged from 7 8 %.
- Final options discussed and voted on:
 - 35%/45% with internal 10%
 - 35%/45% with top priorities ranked
 - 17%/45%
- Adopted 35% and 45% with top priorities ranked

Use of top Health problems to begin priority setting exercise

- Way used now: Begin by identifying top health problems as top priorities, develop indicators based on top health problems, determine the specific program activities need to engage in to meet indicator, and based on this do the budget exercise of allocating budget increases among budget line items.
- Recommendation is that folks do not have to start with identification
 of health problems they should be able to start with program
 activities, do budget exercise and then back into identification of
 health problems and indicator development to justify the budget
 numbers.
- Recommendation is to have national organizations use the I/T/U most frequently identified health problems to assist tribes identify funding priorities that can be addressed through other Operating Division in DHHS like CDC, through other Federal Agencies, and States administering federal grant dollars.

Set group conference call for Thursday, Sept. 21, 2000 at 10 AM MDST to debrief on OMB meeting, discuss how narrative justifications for NBB can be improved, to address FY 02 and FY 03 planning and next steps.

Met downtown to prep for OMB meeting on Thursday morning. OMB meeting took place at 1 PM on Thursday, 9/13/00.