

National Indian Health Board

# Health Reporter

Volume 14, Issue 3, Winter 2008

## NIHB Advocates Out Loud For Indian Health in 2009



Sen. Barack Obama, D-Ill., escorted by his adoptive Crow parents, Hartford "Sonny" and Mary Black Eagle, enters the Apsaalooke Veterans Park Monday afternoon in Crow Agency. (JAMES WOODCOCK/Gazette Staff)

Following one of the longest campaign seasons in history, 2008 proved to be a windfall year for Democrats across the United States. Democrats expanded their majority to 58 seats in the Senate, including two Independent Senators, and 257 in the House of Representatives. Republicans held onto 178 seats in the House and 41 seats in the Senate. The result of the Senate race in Minnesota has yet to be determined. With the victory of Senator Barack Obama, Democrats will control the Presidency and both houses of Congress for the first time in 14 years. For the next two years, this control will provide the President and Congress with an opportunity to pass more significant legislation than in previous years when Republicans and Democrats split control.

### The New Administration: What to Expect

In Congress, Senator Obama was an original co-sponsor of the Indian Health Care Improvement Act of 2007, he voted to provide an additional \$1 billion for IHS to address health disparities and he fought against the elimination of urban health care. Over the course of his 20 month campaign, President-Elect Obama visited several Indian communities and met privately with tribal leaders. He wrote an op-ed piece for Indian Country Today, published on October 24, 2008, in which he discussed his commitment to Indian Country:

"For 20 months now, I've travelled this country, often talking about how the needs of the American people are going unmet by Washington. And the truth is, few have been ignored by Washington for as long as American Indians. Too often, Washington pays

lip services to working with tribes while taking a one-size-fits-all approach with tribal communities across the nation. That will change if I am honored to serve as president of the United States."

In an issue statement published on the official campaign website, Obama outlined his goals and commitments to American Indians and Alaska Natives. As President, he promised to create a nation-to-nation relationship; ensure that tribal nations have a voice in the White House; appoint an American Indian policy advisor to senior White House staff to work with tribes; host an annual summit at the White House with tribal leaders to come up with an agenda that works for tribal communities and work together to settle unresolved Indian trust cases.

With regards to health care, in the issue statement *Quality, Accessible Health Care for First Americans*, Obama declared his commitment "to honor health care treaty obligations to tribal nations" and his desire to work with tribal nations to "ensure that all First Americans receive affordable, accessible health care services." The Obama-Biden Plan to Improve First American Health Care included the following general goals: support Indian Health Services, expand Medicaid and SCHIP, support disease management programs, tackle health care disparities and create affordable, accessible coverage for First Americans. This plan can also be found at [www.barackobama.com](http://www.barackobama.com).

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### NIHB HEALTHY LIVING TIP

## What are some successful weight loss strategies?

The National Weight Control Registry includes individuals who have lost weight and maintained that weight loss for more than 5 years. The successful strategies they use include: physical activity such as walking every day, eating a low-calorie, low-fat diet, eating breakfast every day, monitoring what they eat by writing down or tracking what they eat each day, and eating the same way during the week as on weekends i.e. keeping a healthy routine. Registry members report that weight loss led to improvements in their level of energy, physical mobility, general mood, self-confidence and physical health.

This NIHB Healthy Tip is brought to you by Yvette Roubideaux, MD, MPH Assistant Professor, College of Medicine, The University of Arizona.





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## Greetings from the Chairman

### Dear Friends of Indian Health:



As this year quickly comes to an end, it is important to reflect on the many successes and highlights for Indian health in 2008. In this Congress, the Special Diabetes Program for Indians (SDPI) was reauthorized through FY 2011 at its current level and the Indian Health Care Improvement Act passed in the Senate. The NIHB hosted three successful national conferences: the 1st Annual National Tribal Health Appropriation Summit, the 1st Annual Public Health Summit, and the 25th Annual Consumer Conference.

The NIHB is already advocating out loud to the new Administration and the 111th Congress to make sure that Indian Country sees even more successes in 2009. The NIHB has contacted Senator Thomas Daschle to congratulate him on his nomination for Secretary of Health and Human Services and offered to serve as a resource on Indian health. Stacy Bohlen, Executive Director; Kitty Marx, Legislative Director; and NIHB staff met with key tribal representatives from the Presidential Transition Team in early December to discuss the top priorities to improve Indian health care and end health disparities. Preparations are being made to start off the 111th Congress making Indian Country's voices heard!

More information about the NIHB's plans for the coming year can be found in this issue of the *Health Reporter*. To find out more information about how you can advocate to Congress, the NIHB has included a special resource guide **The National Indian Health Board's Guide to Congress for 2009**. We invite every tribal leader, member and health professional to use this guide to advocate for Indian health in the coming year. While you can't be on the Hill everyday we can; and your stories, phone calls, letters and emails can make a difference to improve health care for all American Indians and Alaska Natives.

In addition to the Congressional resource guide, this issue features a 2008 election guide and health care reform information. Also in this issue are, updates from the Centers for Medicare & Medicaid Services Tribal Technical Advisory Group (CMS TTAG), the Tribal Leaders Diabetes Committee (TLDC) and the Centers for Disease Control and Prevention Tribal Consultation Advisory Committee (CDC TCAC); and much more.

Please visit the NIHB website regularly and subscribe to our email listserv for regular updates on proposed legislation and regulations. As we said at this year's Annual Consumer conference, "Let's unite and advocate out loud for Indian health in 2009!"

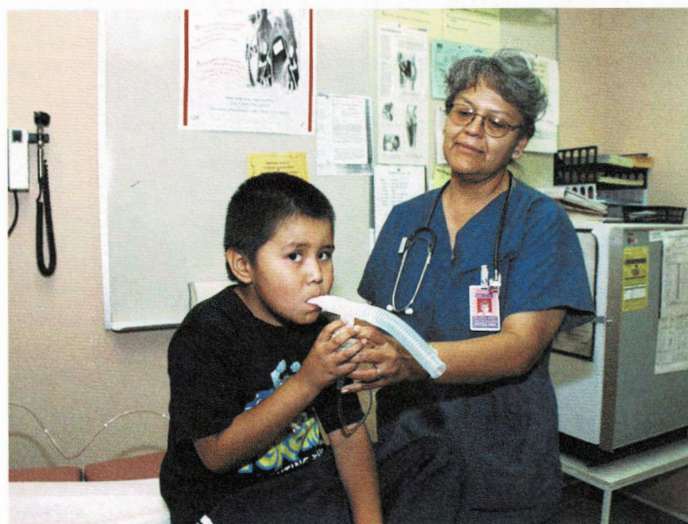
On behalf of NIHB, I would like to wish everyone Happy Holidays and a Happy New Year!

Yours in Health,

H. Sally Smith  
Chairman  
National Indian Health Board



## NIHB Takes the Lead on Health Care Reform



Health care reform was not just campaign rhetoric, in the coming year meaningful change in the health care system is expected. One positive indicator for Indian Country is the nomination of Senator Thomas Daschle, as Secretary of Health and Human Services. Beyond the White House, Capitol Hill stands ready to hit the ground running in January 2009 with Senator Baucus's *Call to Action: Health Care Reform 2009* and Senator Wyden's *Healthy Americans Act* starting the dialogue on health care reform.

The NIHB recognizes that health care reform will likely have a tremendous impact on the Indian health care delivery system. The NIHB is communicating with the new Administration that Tribes need to be involved in the development of any health care reforms and Tribal Leaders need to have a seat at the table. To make sure that Indian Country's interests are protected, the NIHB has taken preliminary steps to form a workgroup whose job will be to identify key issues, create issue briefs and ensure that Indian Country has a role in health care reform plans as they develop. Early work includes developing a document of guiding principles and objectives for Indian health for use in initiating any health care reform proposals. If you would like to provide input into this process, please contact Caitlin Wesaw at [cwesaw@nihb.org](mailto:cwesaw@nihb.org).

In addition, NIHB will provide information and analysis to Indian Country on health care reform initiatives proposed by organizations, the Administration and Congress. This information can be found on the NIHB website and in the **Washington Report**. Many sources and public statements from the Administration indicate that health care reform will be attached to legislation aimed at alleviating and ending the economic crisis.

The NIHB will be hosting a Health Care Reform Summit March 5, 2009 in Washington, D.C. Stay tuned to the NIHB website for more information and watch out for call to action requests.

### Chairman Baucus Issues Call to Action: Health Care Reform 2009

On November 12, 2008, Chairman Baucus issued a *Call to Action: Health Reform 2009*. This white paper is a "blueprint for comprehensive health care reform" and an outline of policy options for consideration by the 111th Congress; it is not intended

to be a legislative proposal. While, Senator Baucus hopes that this "offers a starting point for the dialogue that [Congress] will have on health reform next year," he is not waiting until next year to begin the dialogue.

The *Call to Action* has three main objectives:

1. To provide universal health coverage for all Americans;
2. To reduce health care costs;
3. To improve the quality of health care.

### Summary of Senator Baucus's Call to Action: Health Reform 2009

#### Universal Health Care Coverage

- Establishes a national requirement that everyone have health care coverage. Individuals will be able to retain their own health care coverage, but for those who need health care coverage, individuals will be able to purchase health insurance from a nationwide insurance pool, called the Health Insurance Exchange.
- The Health Insurance Plan would include private coverage options and a public plan option. Premium subsidies will be available to qualifying families and small businesses.
- Private insurance plans participating in the Exchange could operate nationally, regionally, state-wide or locally. The plans would offer high, medium or low-benefit options with differences in premiums due to the difference in benefits offered. The plans would be available for comparison.
- The public plan option would have similar rules – different benefit and premium options. The public plan would be similar to Medicare with options to be developed to determine rates paid to health care providers, and who would run the plan, and who would be eligible for it.
- Establishes an Independent Health Coverage Council to make decisions regarding the private and public plan options and make key decisions regarding implementation of health care reform. Members would be appointed by the President, with the advice and consent of the Senate, and chosen based on geographic diversity and expertise from varied disciplines.

#### Temporary Medicare Buy-in

- Provides that until a national Health Insurance Exchange is established, Medicare coverage would be extended to individuals ages 55 to 64 and to disabled individuals, by phasing-out the two-year waiting period for Medicare coverage for persons with disabilities.
- Medicare would charge enrollees electing the Medicare buy-in coverage an annual premium.

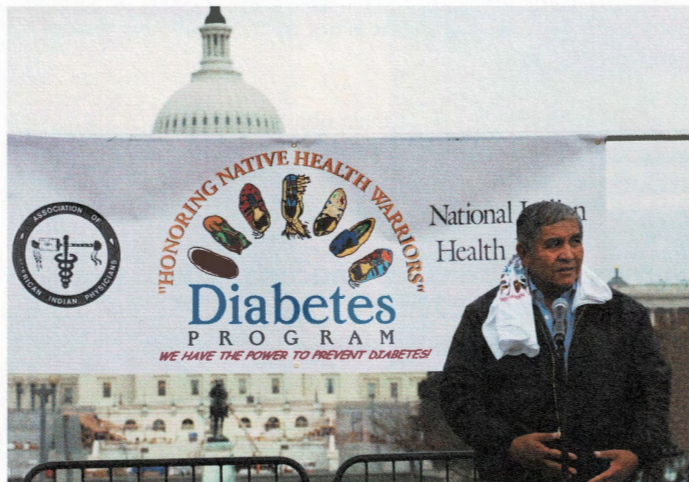
#### Medicaid Coverage

- Extend Medicaid eligibility to all Americans with incomes up to 100% of Federal poverty level, while maintaining existing Medicaid coverage above that level per existing state Medicaid programs.
- Currently, States are not required to provide eligibility to adults, except if they are disabled, elderly or pregnant. The plan extends eligibility to all Americans and streamlines eligibility and enrollment.

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## Diabetes Education in Tribal Schools National Launch



Jerry Freddie, Navajo Area Representative to the NIHB, speaks on the importance of Diabetes Education.

The NIHB was on hand to celebrate the national launch of the Diabetes Education in Tribal Schools (DETS) K-12 Curriculum, *Health is Life in Balance*, November 12th at the National Museum of the American Indian (NMAI) in Washington, D.C.

The day began with a blessing by Alvin Windy Boy in the Potomac Atrium at the NMAI and was followed by a media briefing. The media briefing highlighted information about the DETS Curriculum and the origins of the program. Gale Marshall, of Two Feathers Management, moderated the briefing and the panelists included Dr. Kelly Acton, Janet Belcourt and Dr. Lawrence Agodoa, the Director of the Office of Minority Health Research Coordination at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). There was only standing room at the briefing and many people visiting the museum requested more information about the program!

Special Diabetes Program for Indians grantees, the Tribal Leaders Diabetes Committee and visitors of the museum were treated to a Round Dance, sponsored by the Haskell Indian Nations University. The drums filled the museum and invited all to participate in the celebration.

The day ended with a walk on the National Mall to "Honor Native Health Warriors." The walk was sponsored by the NIHB and the Association of American Indian Physicians (AAIP). Over one hundred people participated in the walk!

The NIHB would like to thank all who made the DETS Curriculum possible. Your hard work and dedication to the project will improve the health and well being of all American Indians and Alaska Natives for generations to come.

*The purpose of the DETS project is to decrease the incidence and improve the care of Type 2 diabetes among American Indians and Alaska Natives (AI/ANs). The DETS project is a FREE K-12 curriculum that "weaves together inquiry learning, exposure to science and health-related careers, and AI/AN culture and community knowledge." The curriculum units are aligned with national science, health and social studies education standards. To learn more about the curriculum, go to: <http://dets.niddk.nih.gov>.*

## NIHB Presents Senator Dorgan (D-ND) with the Jake White Crow Award



Vice-Chairman of the NIHB, Buford Rolin presents the Jake White Crow Award to Senator Byron Dorgan.

On November 13, 2008, the National Indian Health Board (NIHB) Vice-Chairman Buford Rolin presented the Jake White Crow Award to the Honorable Byron Dorgan (D-ND) for his ongoing commitment to the improvement of health care for all Indian people. This prestigious award was announced September 24, 2008 during the NIHB's 25th Annual Consumer Conference in Temecula, California.

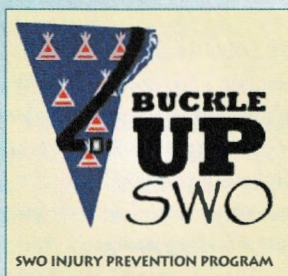
Chairman Dorgan sat down with Vice Chairman Rolin and NIHB staff to further assert his commitment to the improvement of Indian health care. He stated that this Congress has seen many successes and failures for Indian Country, yet we should not be discouraged because the next Congressional Session will bring many opportunities. Senator Dorgan will continue to champion the reauthorization of the Indian Health Care Improvement Act and other legislation for Indian Country.

Senator Dorgan has a longstanding history of advocating for and working with Indian Country to support the improvement of the Indian health system. Senator Dorgan has consistently supported Tribal sovereignty, working to secure needed tribal social services and research resources and to ensure that federal government services provided to tribes are of the highest standard. During the 110th Congress, Senator Dorgan championed the reauthorization of the Indian Health Care Improvement Act through successful passage in the Senate. He also offered an amendment to the Global AIDS Bill to allocate \$250 million for much needed funding to support Indian contract health services and health facility construction.

The Jake White Crow Award was given to two individuals; Carol Ann Heart, as reported in the Fall 2008 newsletter and Chairman Dorgan in recognition of outstanding lifetime achievements in Indian health care advocacy, raising awareness and affecting change for American Indian and Alaska Native health care.



## The Healthy Indian Country Initiative Spotlight: The Sisseton-Wahpeton Injury Prevention Program



Between 1996 and 2003, the Sisseton-Wahpeton (Sisseton, South Dakota) community experienced a tragic period of loss due to motor vehicle crashes. Approximately 50% of the total number of individuals involved in the accidents were 14-29 years old.

To prevent similar tragedies from occurring, Tribal Health Programs established the Sisseton-Wahpeton Injury Prevention Program (SWIPP) in 2003. The SWIPP is administered by the Division of Tribal Health Program's Office of the Tribal Secretary. Shannon White, Injury Prevention Specialist, continues to lead outstanding injury prevention efforts in the community.

Initial funding from the Indian Health Service Tribal Injury Prevention Cooperative Agreements Program (IHS TIPCAP), allowed the SWIPP to hire a full-time Injury Prevention Specialist and reactivate the Community Injury Prevention Team. This funding made it possible for the team to compile and analyze injury data, replicate the Gallup Seatbelt Model at two school sites on the reservation, promote injury prevention awareness through program and mass media outreach, and train new program staff on injury prevention. A Five-Year Injury Prevention Plan, 2005 – 2010, was then developed for the Sisseton-Wahpeton community.

The five-year goal of the SWIPP is to prevent motor vehicle crash fatalities and injuries among young people, ages 14-29 years old. The goal will be achieved by implementing strategies that target the following causal factors: 1) driving under the influence, 2) speed, and 3) improper/non-use of occupant restraints. The first year's goals included collaborating with other agencies (law enforcement, Tribal courts, schools, etc.) to design, promote, implement, and evaluate various motor vehicle safety injury prevention activities. The SWIPP is now in its second year, continues to coordinate efforts that build upon and maintain a positive view of injury prevention through events such as:

- Monthly traffic safety checkpoints (coordinated with Tribal Police);
- "Seat Belt Wearer of the Month" (a prize package is given; their picture and information is printed in the Tribal newsletter);
- Monthly Victim Impact Panel presentations held for DUI offenders within the Tribal Court system held to help reduce offender recidivism;



**Back Row L-R:** Tim White, Health Director, SWO Head Start; Valentino Thompson, BIA Fire Management; Shannon Cordell, Dakota Pride Treatment Center; Amber Adams, SWO Health & Fitness Center; Ron Hill, Dakota Pride Treatment Center; and Officer Joe Kauffman, SWO Law Enforcement.

**Front Row L-R:** Miss Click-It Sharmell Dahl, Watertown, SD Police Department Dispatcher; Brooke Owen, SWO Law Enforcement; and Sara DeCoteau, SWO Tribal Health Director.

- Development of a traffic safety video "Gone too Soon, Stories of Drinking & Driving from the Lake Traverse Reservation" that is currently used at the Victim Impact Panel monthly presentations.
- Annual Mock Motor Vehicle Crash that promotes traffic safety awareness at the local tribal schools.

The SWIPP will continue its efforts to promote injury prevention in the Sisseton-Wahpeton Tribal community and they have many other activities going on to aid in their efforts.

For more information on this HICI project and the national HICI Program please contact Audrey Solimon, HICI Program Manager, at 202-507-4070 or [asolimon@nihb.org](mailto:asolimon@nihb.org) for more information.

*"Success stories are very powerful. People may become desensitized to the negative barrage of statistics or frightening stories that people are dying."*

— Shannon White, Injury Prevention Specialist, on why the SWIPP uses positive community education strategies to promote motor vehicle safety.

*Sisseton-Wahpeton Injury Prevention Program Logo (used with permission from the SWIPP and it is not to be reproduced without permission)*




## UPDATE

## Centers for Medicare & Medicaid Tribal Technical Advisory Group

The Centers for Medicare & Medicaid Services' Tribal Technical Advisory Group (CMS TTAG) held its third face-to-face meeting for 2008 in Washington, D.C. on November 13 & 14, 2008 at the National Museum of the American Indian. The meeting was well attended, including a 100% TTAG representation as well as senior staff from CMS, including the Deputy Administrator Herb Kuhn; Robin King, the Director of CMS Office of External Affairs; Jim Scanlon, Deputy Assistant Secretary for Planning and Evaluation (Science and Policy); and Sandra Bastinelli, Division of Medical Review & Education.

Mr. Kuhn gave the group updates on four issue areas that were identified in the previous meeting in July: the Tribal Affairs Group (TAG) Director vacancy, the CMS Tribal Consultation Policy, Medicaid Administrative Match (MAM) and Medicaid citizenship documentation.

- Thirty-eight applications were submitted for the Tribal Affairs Group Director position at CMS and he expressed his appreciation for the group's willingness to assist in the hiring process.
- In regards to the CMS Tribal Consultation Policy, he recognized the concerns expressed by the TTAG and the desire to be involved earlier in the regulations process but added that more discussions need to take place at CMS.
- Four states have MAM plans under active review: Montana, California, Oklahoma and Washington. Mr. Kuhn was confident that the California plan will be finished. He recognizes that while progress has been made there is still considerable work to be done.
- Mr. Kuhn was appreciative of the recent letter sent by the TTAG Medicaid Citizenship Documentation Subcommittee with recommendations on citizenship documentation requirements. He mentioned that if the Department of Homeland Security (DHS) has created model agreements regarding documentation then CMS might be able to develop model agreements that Tribes could use, which could help facilitate enrollment efforts. In addition, Mr. Kuhn pointed out that states are in need of additional technical assistance that would help alleviate confusion regarding the documentation process.


The agenda from the day and a half meeting was jam packed with several agenda items including a report from the CMS Tribal Affairs Group, a report on CMS Day at the NIH Annual Consumer Conference, reports from the Strategic Plan, Data, Outreach and Education, Long Term Care and the Citizenship Documentation Sub-committees, and presentations on emerging issues at CMS. For more information on this meeting and the CMS TTAG please visit the NIH website. 

## Tribal Leaders Diabetes Committee and Special Diabetes Programs for Indians Grantees Held Meeting in Washington, D.C.

The Indian Health Service (IHS) Tribal Leaders Diabetes Committee (TLDC) met November 13th and 14th in Washington D.C. The two-day event highlighted the Special Diabetes Prevention Programs (SDPP) funded through the Special Diabetes Programs for Indians (SDPI). The meeting provided a forum in which grantees and Tribal leaders can observe and actively participate in the TLDC process and discuss pressing issues.

IHS Director Robert McSwain met with the TLDC committee members, Tribal Leaders and SDPI grantees during Thursday morning's session to discuss the IHS' role in the diabetes arena. Highlights of the discussion included the agendas President-Elect Barack Obama, current IHS health facilities and their involvement in providing medical care, and the Global AIDS Fund. Reported fiscal year 2009 carryover funds were significantly reduced through the hard work of the grantees and IHS Director of Grants and Chief Grants Management Officer Michelle Bulls. This reduction will help eliminate future funding decreases proposed by Congress.

Discussion surrounding the implementation of a competitive grant process for Fiscal Year 2010 SDPI grants was a major focus of the meeting. Although the competitive grant process is not new to the SDPI, some Tribal Leaders expressed concerns about this approach. This new process will include experts in the field that are connected to communities throughout the United States. The review process is intended to maintain a level of objectivity and ensure that the review process is not carried out by federal entities alone. The grants office will provide technical assistance to applicants with less experience in writing grants to ensure competitiveness.

Friday's meeting concluded with a unique opportunity for grantees to meet with the TLDC representatives. The knowledge of activities going on at the community level is invaluable and the grantees are experts in this area. TLDC members were not only excited for the chance to meet grantees but also for the opportunity to learn about each regions unique needs and successes. 



# The National Indian Health Board's Guide to Congress for 2009

**T**he 111th Congress presents many opportunities for Indian Country. As Congress considers the reauthorization of the Indian Health Care Improvement Act, health care reform, Medicare reform and appropriations, it is imperative that Indian Country's voice is heard. The following special section, entitled *The National Indian Health Board's Guide to Congress for 2009*, provides much of the information that you need to help influence the future of Indian health care.

Elevating the visibility of Indian health care issues has been a struggle shared by Tribal governments, the federal government and private agencies. For 36 years, the NIHB has continually played a central role in focusing national attention on Indian health care needs. Despite all of the progress made by the federal government and nonprofits, Indian Country can achieve more with increased participation at the Tribal level. The future of health care for American Indians and Alaska Natives (AI/AN) is intertwined with policy decisions at the federal level. Your stories, visits to your Congressional representatives, letters and phone calls can drastically change the course of Indian health care in the 111th Congress. Please use the following guide to help make a difference and improve the health care for all AI/ANs.

Please visit the NIHB website regularly and subscribe to our email listserv for regular updates on proposed legislation and regulations. Let's unite and advocate out loud for Indian health in 2009!

## What is Congress?

The United States Congress, comprised of the House of Representatives and the Senate, was established under Article I of the United States Constitution. These bodies were created to give each American citizen a voice in the lawmaking process.

There are 435 members of the House of Representatives, each of whom is elected every two years to represent a district of about 650,000 people. The Senate is comprised of 100 members, two from each state, who are elected every six years to represent the entire population of their state. In both Houses, Members of Congress are tasked with drafting, debating and voting on legislation that is of interest to their constituents. Each has one equal vote, which they are permitted to cast on every piece of legislation, whether or not it directly impacts their constituents.

The Constitution lays out very specific powers of Congress, designed to prevent the government from unfairly restricting the freedoms of the American public. Both Houses of Congress must follow these closely when considering legislation.

**Congress has lawmaking power.** The U.S. Constitution created Congress and named it the legislative branch – the

branch with the power to write laws. No laws can govern the nation unless enacted by Congress and then approved by the President.

**Congress has the "Power of the Purse."** This means that governmental agencies and departments may not spend any money for their operations and programs that Congress has not appropriated nor use any federal money for any purpose that Congress has not expressly authorized. The President proposes a budget for the nation, including the IHS budget, but Congress has the ultimate power to approve and change the budget. Historically, the funding for the Indian health system is only provided at 50-60%.

While these are only a few of the powers established by the Constitution, they are the most important and relevant for the Indian health system.

## How a Bill Becomes a Law

Only a Member of Congress can introduce a bill. However, ideas for legislation may be developed anywhere. Members receive proposed drafts of bills from constituents, academics, interest groups, lobbyists, state legislatures, executive branch departments, federal agencies and the President of the United States.

Given the low percentage of bills enacted into law, only those bills vigorously promoted among colleagues and given vocal support by outside interest groups will advance. Bills that are not promoted or lack policy urgency and political consensus have little chance of becoming law. No matter how well-drafted, bills are ideas that have been entered into the Congressional record. Someone must advocate for their passage to push them through the maze of the legislative process.

***\* It is critical that Indian Country voice their support or disapproval of legislation that Congress proposes regarding the Indian health care system. Your stories, visits, letters and phone calls can make a difference and affect the decisions made by your Congressional representatives.***

## Laws that are initiated in the U.S. House of Representatives go through the following steps:

When a Representative has an idea for a new law, s/he becomes the sponsor of that bill and introduces it by giving it to the clerk of the House or by placing it in a box, called the hopper. The clerk assigns a legislative number to the bill, with H.R. for bills introduced in the House and S. for bills introduced in the Senate. The Government Printing Office (GPO) then prints the bill and distributes copies to each representative.



## Continuing Resolutions

Also known as a CR. At the end of each fiscal year, Congress must pass a budget and all appropriations bills for the following year. If the fiscal year ends without this, Congress must pass a CR. The CR continues temporary funding at current levels or less for a program.

## Visiting Capitol Hill

Currently, only 35 states are listed as containing a significant population of American Indians and Alaskan Natives. While there are AI/ANs across the country, it demonstrates the importance of meeting with Members of Congress and the use of data and numbers to support your position. In order for any piece of legislation to pass, it must achieve at least 218 votes in the House of Representatives and 51 votes in the Senate or pass by unanimous consent. Only 102 House Members have significant Indian populations in their District, as do 70 Senators. Many Members of Congress who have little or no contact with Indian Country must be persuaded to vote in favor of Indian health legislation if there is any hope that it will become law.

Meeting with a Member of Congress, or congressional staff, is a very effective way to convey a message about a specific issue or legislative matter. The involvement of tribal leaders and members is vital to the success of Indian Country's advocacy efforts. While national tribal organizations and lobbyists in Washington, D.C. play an important role, only you can give Congress the most accurate picture of your community's needs.

Legislators want to hear from their constituents about the important issues. By developing relationships with legislators, you can help them stay current, and in turn they can help Indian Country. Remember, a meeting with a legislator back home is as effective as a visit to D.C.

## Suggestions for Planning a Personal Visit

### Plan your visit carefully:

Be clear about what it is you want to achieve; determine in advance which Member or committee staff you need to meet with to achieve your purpose.

### Make an appointment:

When attempting to meet with a Member, contact the Appointment Secretary/Scheduler. Explain your purpose and who you represent. It is easier for congressional staff to arrange a meeting if they know what you wish to discuss and your relationship to the area or interests represented by the Member.

### Be prompt and patient:

When it is time to meet with a Member, be punctual and be patient. It is not uncommon for a Congressman or Congresswoman to be late, or to have a meeting interrupted due to the Member's crowded schedule. If interruptions do occur, be flexible. When the opportunity presents itself, continue your meeting with a Member's staff.

Please be flexible – even though you may have a scheduled meeting with a Representative or Senator, you may see a staff member

instead. Most offices have very little meeting space, and you may find that you are out in the hallway with a staff member or sitting in a small cubicle. Everyday scores of organizations and individual constituents meet with their elected officials. It is a busy place, but Members of Congress are very interested to hear from their constituents, so do not let the surroundings or the circumstances of the meeting interfere with your message.

### Be prepared:

Whenever possible, bring to the meeting information and materials supporting your position. Members are required to take positions on many different issues. In some instances, a Member may lack important details about the pros and cons of a particular matter. It is therefore helpful to share with the Member information and examples that demonstrate clearly the impact or benefits of a particular issue or piece of legislation.

### Be political:

Members of Congress want to represent the best interests of their District or State. Whenever possible, demonstrate the connection between what you are requesting and the interests of the Member's constituency. If possible, describe for the Member how you or your group can be of assistance to him/her. When it is appropriate, remember to ask for a commitment.

### Be responsive:

Be prepared to answer questions or provide additional information in the event the Member expresses interest or asks questions. Follow up the meeting with a thank-you letter that outlines the different points covered during the meeting, and send along any additional information and materials requested.

## Tips for Calling Congress

Telephone calls are usually taken by a staff member. As most Members of Congress are busy conducting business on Capitol Hill, there is little chance that you will have an opportunity to speak with them directly. Instead, ask to speak with the Legislative Assistant (LA) who handles the issue about which you wish to comment.

After identifying yourself as a constituent, tell the LA you would like to leave a brief message, such as "Please tell Senator/Congressman (Name) that I support/oppose (S. \_\_\_\_/H.R. \_\_\_\_)."

State your reasons for your support or opposition to the bill. Ask for your Senator's or Congressman's position on the bill. You may also request a written response to your telephone call.

## Tips for Writing Congress

Many constituents are unable to regularly visit Capitol Hill and are not confident in their ability to adequately express their opinions over the phone. Accordingly, letters and emails are some of the primary means by which Members of Congress receive the thoughts and opinions of their constituents. Across Indian Country, letter writing can become one of the most effective means of telling personal stories and emphasizing the great need for Indian health care.



Next, the bill is assigned to a committee (the House has 22 standing committees, each with jurisdiction over bills in certain areas) by the Speaker of the House so that it can be studied. Typically, the committees in the House that review legislation on Indian Country are the House Committee on Natural Resources, the House Committee on Energy and Commerce, and the House Committee on Ways and Means.

The standing committee (or often a subcommittee) studies the bill and hears testimony from experts and people interested in the bill. The committee then may release the bill with a recommendation to pass it, or revise the bill and release it, or lay it aside so that the House cannot vote on it. Releasing the bill is called reporting it out, while laying it aside is called tabling.

If the bill is released, it then goes on a calendar (a list of bills awaiting action). Here the House Rules Committee may call for the bill to be voted on quickly, limit the debate, or limit or prohibit amendments. Undisputed bills may be passed by unanimous consent, or by a two-thirds vote if members agree to suspend the rules.

The bill now goes to the floor of the House for consideration and begins with a complete reading of the bill (sometimes this is the only complete reading). A third reading (title only) occurs after any amendments have been added. If the bill passes by simple majority (218 of 435), the bill moves to the Senate.

### **Laws that are initiated in the Senate go through the following steps:**

In order to be introduced in the Senate, a Senator must be recognized as the presiding officer and announce the introduction of the bill. Sometimes, when a bill has passed in one house, it becomes known as an act; however, this term usually means a bill that has been passed by both houses and becomes law.

Just as in the House, the bill then is assigned to a committee. It is assigned to one of the Senate's 16 standing committees by the presiding officer. The Senate committee studies and either releases or tables the bill just like the House standing committee. Typically, the committees in the Senate that review legislation on Indian Country are the Senate Committee on Indian Affairs, the Senate Committee on Finance, and the Senate Committee on Health, Education, Labor, and Pensions (HELP).

Once released, the bill goes to the Senate floor for consideration. Bills are voted on in the Senate based on the order they come from the committee; however, an urgent bill may be pushed ahead by leaders of the majority party. When the Senate considers the bill, they can vote on it indefinitely. When there is no more debate, the bill is voted on. A simple majority (51 of 100) passes the bill.

The bill now moves onto a conference committee, which is made up of members from each House. The committee works out any differences between the House and Senate versions of the bill. The revised bill is sent back to both houses for their final approval. Once approved, the bill is printed by the Government Printing Office (GPO) in a process called enrolling. The clerk from the introducing house certifies the final version.

The enrolled bill is now signed by the Speaker of the House and then the Vice President. Finally, it is sent for Presidential consideration. The President has ten days to sign or veto the enrolled bill. If the President vetoes the bill, it can still become a law if two-thirds of the Senate and two-thirds of the House then vote in favor of the bill.

## **Types of Legislation**

An important question to be settled in preparing a bill for introduction is its form. Some legislative vehicles are law-making; some are not. Although the word bill is accepted widely to mean any piece of legislation, including even in this article, that use is not technically precise enough. The word "measure" more accurately encompasses all the varieties available. Brief definitions of the various types of legislation follow:

### **Bills**

These become law. That means passage is required in both the House and Senate and the President must sign them into law or allow them to become law without his signature. Bills are numbered H.R. in the House, e.g. H.R. 1300; and S. in the Senate, e.g. S. 300.

### **Joint Resolutions**

These also become law. Again this requires passage in both the House and Senate, as well as Presidential approval. Joint Resolutions are numbered H.J.Res. in the House (e.g. H.J.Res. 633); and S.J.Res. in the Senate, (e.g. S.J.Res. 133). By tradition, it is joint resolutions which are used for any proposal to amend the Constitution. Contrary to bills, joint resolutions may also contain a series of whereas clauses (an explanatory preamble) and a resolving clause.

### **Concurrent Resolutions**

These do not become law. Instead they take an action on behalf of both chambers. This means both the House and Senate must pass them, but they are not sent on to the President. For example, concurrent resolutions are used to set the spending and revenue levels in the Congressional Budget Resolution, which does not rise to the level of law. Concurrent resolutions are also used for sense of Congress language — advisory in nature and unenforceable — which, for example, expresses the opinion of the Congress about a Presidential action, or congratulates a foreign leader on his election, or expresses condolences to another nation for a loss. Concurrent resolutions are also used to create the occasional joint committee of Congress, and for administrative acts, such as granting the use of the Capitol Rotunda for a ceremony. Concurrent resolutions are numbered H.Con.Res. in the House, e.g. H.Con.Res. 210; and S.Con.Res. in the Senate, e.g. S.Con.Res. 160.

### **Simple Resolutions**

Simple Resolutions do not become law. They speak on behalf of one Chamber only. They need only pass in that one chamber. A Simple House Resolution might be used to create a new House committee. A Simple Senate Resolution might be introduced to express the opinion, or the sense of the Senate on a matter. Simple Resolutions in each chamber are offered to amend that body's standing rules. Simple resolutions are numbered H.Res. in the House, e.g. H.Res. 249; and S.Res. in the Senate, e.g. S.Res. 85.



Heightened security measures have dramatically increased the time it takes for a letter sent by post to reach a Congressional office. More and more, constituents are using e-mails and faxes to communicate their concerns and increasingly elected officials' offices prefer electronic communications for constituent contact. *As a general rule, Members of Congress are far more likely to heed your message if you are one of their constituents.*

## How to Write an Effective Letter

- Write to your Senators and Congressmen at these addresses:  

The Honorable (Full Name)	The Honorable (Full Name)
United States Senate	United States House of
Washington, D.C. 20510	Representatives
	Washington, D.C. 20515

Dear Senator (Last Name):

Dear Congressman (Last Name):

- Keep your letter reasonably brief (no more than one page). It is important to state your purpose for writing in the first paragraph of the letter. Address only one issue in each letter or e-mail.
- If your letter is about a specific piece of legislation, identify it. Make sure that you are referencing the correct legislation to the correct body of Congress.

*House bills are H.R. \_\_\_\_\_*

*and Senate bills are designated as S. \_\_\_\_\_.*



- Be courteous. Never threaten or beg a Member of Congress. Always appeal to the Member on the merits of the issue, particularly when they are in the district/state.
- Include personal information about why the issue matters to you. Your personal anecdotes and specific examples for why this issue matters and would make a critical difference in your community helps to give Members of Congress reasons for supporting the bill.
- Ask for a response to a direct question, such as, "Will you support our request for increased FY 2010 funding for the Indian Health Service? Please let me know your position."
- Offer to serve as a resource to the Congressman/Senator and his/her staff on tribal issues.
- To send an electronic message to a Senator or Congressman, please use the above suggestions, then visit [www.senate.gov](http://www.senate.gov) or [www.house.gov](http://www.house.gov) to locate your member of Congress' individual website. Under the "Contact" tab/button, there is generally an electronic form you can complete. You may also find information on how to contact your Congressional representative on the NIHIB website.

Thank you for reading *The National Indian Health Board's Guide to Congress for 2009*. We hope that the coming year will bring many successes to you and to Indian health!



## Centers for Disease Control Tribal Council Advisory Committee Holds 2nd Bi-Annual Tribal Consultation Session

On November 19 -20, 2008, the Tribal Consultation Advisory Committee (TCAC) to the Centers for Disease Control and Prevention (CDC) held its Second Bi-Annual Tribal Consultation Session at the Desert Diamond Hotel and Casino in Tucson, Arizona. The three day event included a TCAC quarterly meeting and concluded with a twelve hour budget consultation where tribal leaders and the TCAC offered many budget recommendations to the CDC.

At the general TCAC meeting, the agenda included review of the budget consultation agenda and future steps. Highlights included events at the Pascua Yaqui Wellness Center, San Miguel Community Center, and the Tohono O'odham Museum and Cultural Center.

The TCAC decided to reinstate the budget sub-committee to further evaluate the CDC budget. This sub-committee will work to influence allocations to Indian Country. A few of the TCAC recommendations offered to the CDC include: the establishment of Information Technology grants to create capacity building in Indian Country; revisions to the CDC policy regarding funding to tribes or tribal organizations; and coordination of a strong approach to combat obesity that resembles what was done for tobacco cessation.

The recommendations received at the Tribal consultation session will be reviewed and discussed by the TCAC and CDC. The Second Bi-Annual Tribal Consultation Session was a success. The next TCAC meeting will be in February, dates to be determined. Please look to the CDC and NIH websites for dates of future meetings and next action steps.

## IHS National Tribal Budget Work Group Meets to Evaluate Process - Plan for Future

The National Tribal Budget Work Group and the Indian Health Service (IHS) held their annual budget evaluation and planning meeting in Tucson, Arizona on November 21, 2008. The meeting immediately followed the Centers for Disease Control and Prevention (CDC) Tribal Consultation Advisory Committee meeting and the Tribal Consultation with the CDC. Hosted generously by the Tohono O'odham Nation, the Desert Diamond Hotel and Casino provided the perfect venue for both meetings. The meeting was well attended with nine Areas, the NIH and urban Indian health programs represented by attendees and participants.

Daryl Red Eagle, of the Fort Peck Tribes, led the meeting as the Co-Chair of the National Tribal Budget Work Group. The group conducted a lively discussion evaluating the FY2009 process; providing excellent recommendations for how the budget consultation and formulation process can be improved in future years; set dates for FY 2011 consultation process; and, began outreach for help with forming the FY 2011 IHS Tribal Budget Testimony.

### WE NEED YOU:

#### Work Begins on FY 2011 IHS Tribal Budget Testimony

The National Tribal Budget Work Group is already preparing its testimony for the FY 2011 consultation and YOU CAN HELP. Please send your suggestions on a theme; stories of success or challenges; and, recommendations for experts on various health care topics or Agencies to the National Indian Health Board. Your information and comments can be sent to [sbohlen@nihb.org](mailto:sbohlen@nihb.org).

## Opportunities for American Indian and Alaska Native Students

### American Indian Leadership Program to Prepare Principals at Pennsylvania State

Penn State's College of Education recently received funding to offer graduate fellowships to American Indian/Alaska Native students who are interested in becoming school principals. The "Principals for Student Success" initiative allows students to earn a Master's degree in Educational Leadership with principalship certification over a four-year period. The purpose of the fellowship is to prepare American Indian/Alaska Native students to be effective school principals in schools that serve significant numbers of Native students. Student fellows will spend two years at Penn State's University Park campus to complete their degree and certification requirements plus a year of induction services in the field. The fellowships are affiliated with Penn State's American Indian Leadership Program (AILP) which will collaborate with Haskell Indian Nations University in the recruitment, induction and placement of the student fellows. This fellowship program is funded by the Office of Indian Education, U.S. Department of Education.

Applications are now being accepted for the fall 2009 semester. For more information please contact Dr. John Tippeconnic, American Indian Leadership Program (phone: 814-863-1626; email: [jwt7@psu.edu](mailto:jwt7@psu.edu)) or Susan Faircloth (phone: 814-863-3775; email: [scf2@psu.edu](mailto:scf2@psu.edu)).

### Summer Internship Program at the National Institutes for Health for High School, College, Graduate, Medical and Dental Students

Summer programs at the National Institutes of Health (NIH) provide an opportunity to spend a summer working side-by-side with some of the leading scientists in the world, in an environment devoted exclusively to biomedical research. The NIH consists of the new 240-bed Mark O. Hatfield Clinical Research Center and more than 1200 laboratories located on the main campus in Bethesda, MD as well as in Baltimore and Frederick, MD; Research Triangle Park, NC; Phoenix, AZ; Hamilton, MT; and Detroit, MI.

For trainees on the main campus, the Office of Intramural Training & Education sponsors a wide range of summer activities including a lecture series featuring distinguished NIH investigators, informal lunchtime talks on training for research careers, and a trainee poster day. The office also makes available information about housing in the area.

The Summer Internship Program is for students who will be sixteen years of age or older at the time they begin the program and who are currently enrolled at least half-time in high school or an accredited U.S. college or university. Students who have been accepted into a college or university program may also apply. To be eligible, candidates must be U.S. citizens or permanent residents. Awards cover a minimum of eight weeks, with students generally arriving at the NIH in May or June.

Prospective candidates must apply online and the application is available from mid-November to March 1st. Please visit the NIH website for more information.



## Upcoming Events

### December 2008

**December 1-3, 2008**  
**26th Alaska Health Summit**  
**Alaska's Health: Bridging the Gap**  
 Anchorage Sheraton Hotel  
 Anchorage, Alaska

**December 2-3, 2008**  
**Northwest Diabetes Management System Training**  
**Northwest Portland Area Indian Health Board**  
 Portland, Oregon

**December 3-5, 2008**  
**Annual Alaska Area Diabetes Conference**  
 Captain Cook Hotel  
 Anchorage, Alaska

**December 5, 2008**  
**Tribal Public Health Accreditation Meeting**  
 Courtyard by Marriot Convention Center  
 Washington, D.C.

**December 11-13, 2008**  
**11th National Indian Nations Conference: Justice for Victims of Crime**  
 Wyndham Palm Springs Hotel  
 Palm Springs, California

**December 15-19, 2008**  
**2008 Indian Health Information Management Conference**  
 Hyatt Regency Phoenix  
 Downtown  
 Phoenix, Arizona

### January 2009

**January 6, 2009**  
**111th Congressional Session Begins**  
 Washington, D.C.

**January 8-9, 2009**  
**NIHB Board Meeting**  
 Washington, D.C.

**January 10, 2009**  
**Area Health Board Executive Directors Meeting**  
 Washington, D.C.

**January 20, 2009**  
**Presidential Inauguration**  
 Washington, D.C.

**January 20, 2009**  
**11th Annual American Indian Inaugural Ball**  
 Hyatt Regency Crystal City  
 Washington, D.C.

**January 20-22, 2009**  
**Northwest Portland Area Indian Health Board Meeting**  
 Suquamish, Washington

### February 2009

**February 18-20, 2009**  
**Tribal Leaders Diabetes Committee Meeting**  
 Santa Rosa, California

**February 23-25, 2009**  
**CDC's 20th National Conference on Chronic Disease Prevention & Control**  
 Gaylord National Convention Center  
 National Harbor, Maryland

**February 24-26, 2009**  
**Tribal Self-Governance Advisory Committee**  
 Washington, D.C.

**February 26-27, 2009**  
**Centers for Medicare & Medicaid Services Tribal Technical Advisory Group Meeting**  
 National Museum of the American Indian  
 Washington, D.C.

Continued from page ONE

## The 2008 Election and Indian Country



Barack Obama speaks in front of a sculpture of a mounted Crow warrior in Apsaalooke Veterans Park in Crow Agency. (JAMES WOODCOCK/Gazette Staff)

The NIHB is confident that the new Administration will remember its promises and commitments to Indian Country and work together with tribal leaders to improve the lives and health care for all AI/ANs. The Presidential Transition Team plays an important role in setting the tone for the President. By looking at President-Elect Obama's nominations for his Cabinet and the make up of the team itself it is clear that Indian Country will have a place in this Administration.

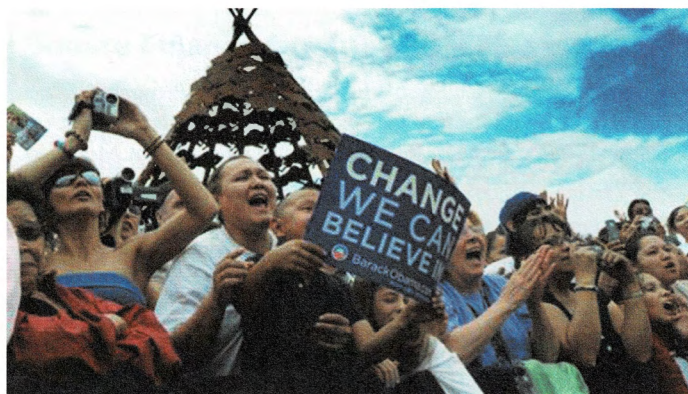
President-Elect Obama selected seven Native individuals to serve on the transition team. Mary Smith will assist with the Department of Justice; Mary McNeil will assist with the Department of Agriculture; Yvette Roubideaux will assist with the Department of Health and Human Services; and John Echohawk, Keith Harper, and Robert Anderson will assist with the Department of Interior. Wizipan Garriott serves as the overall Advisor for American Indians Across Agencies.

The NIHB is pleased that Senator Thomas Daschle was nominated to become the Secretary of Health and Human Services. During his time as Minority and Majority Leader in the Senate he continually fought to increase funding for the Indian Health Service (IHS), fought for Native veteran's health care, and introduced legislation to identify and address health disparities and improve American Indian and Alaska Native access to Medicaid. As the Secretary of Health and Human Services, he will be responsible for overseeing the Department of Health and Human Services \$700 billion budget, including the IHS and Centers for Medicare & Medicaid Services' budgets. He will be in a unique position to advance Tribal issues in other HHS agencies, such as improving AI/AN access to and reimbursements for Medicare, Medicaid and State Children's Health Insurance Program (SCHIP) services; and to improve Tribal access to SAMSHA, CDC, and other Department grant programs and funding.

### NIHB Meets with Presidential Transition Team

The NIHB has already contacted Senator Daschle to begin discussions about the short and long term needs of Indian Country and how NIHB and the tribes it represents can become more engaged in the process of enacting significant legislation in the 111th Congress. The NIHB is confident that Senator Daschle will work with





The crowd reacts to Barack Obama as he speaks in Crow Agency Monday afternoon. (JAMES WOODCOCK/Gazette Staff)

Reprinted with permission from The Billings Gazette

Congress and the President to ensure passage of the Indian Health Care Improvement Act, continue to support full funding for IHS and engage tribes in meaningful discussions and consultation on HHS programs.

On December 4, 2008, the NIHB met with key representatives from the Presidential Transition Team, including the Tribal Liaison, to discuss the Indian health care priorities of the incoming administration. Meeting with NIHB Executive Director Stacy Bohlen, Legislative Director Kitty Marx and several other NIHB staff members, the Tribal Liaison expressed interest in NIHB's assessment of tribal needs and its top priorities for the incoming Administration. NIHB presented its health policy statement, which was written in response to the NIHB Board resolution passed in September 2008 and the numerous conversations with tribal leaders, area health boards and health care experts across the country. During the meeting, NIHB expressed its desire to foster a strong relationship with the Obama Administration that will lead to frequent consultation on upcoming issues involving Indian health. Additional meetings are expected to take place in the near future.

## NIHB Will Continue to Advocate for Indian Country in the 111th Congressional Session

In an article in *Indian Country Today*, Senator Dorgan (D-ND) wrote, "This year, Congress had both good news and bad news for Indian Country." Important legislation for Indian Country, such as the Native American Housing Assistance and Self-Determination Reauthorization Act of 2008 and the Reauthorization of the Special Diabetes Program for Indians, were sent to the President's desk. The Senate was successful in passing the Reauthorization of the Indian Health Care Improvement Act (IHCIA), but the bill remained stuck in the House.

The IHCIA was not the only bill that stalled in the halls of Congress. According to *Roll Call*, members of the 110th Congress introduced almost 14,000 pieces of legislation, the highest number since 1980. However, only 449 of these were signed into law, giving this Congress the lowest success rate, 3.3%, since 1976 (*As of September 30, 2008 according to the Library of Congress, Senate Website and Congressional Record Annual Resumes of Congressional Activity*). Of the 449 bills that became law, 144 – 32% – were ceremonial bills, including the renaming of federal buildings or post offices.

Despite low productivity in the 110th, the 111th Congress presents a great opportunity for the passage of major pieces of legislation intended to benefit Indian Country. The economic crisis can be used as a platform for the introduction of other initiatives, such as health care reform or facility construction.

In the 111th Congress, NIHB will continue to pursue legislative strategies that seek to move the reauthorization of the IHCIA and other legislative priorities. In light of the ongoing economic crisis, energy instability and large scale health care reform it is likely that some in Congress and the Administration will lose sight of the needs of Indian Country. The NIHB will maintain a strong presence on Capitol Hill to ensure that Members never forget the direct impact that their inaction has on millions of American Indians and Alaskan Natives across the United States. Our legislative efforts will seek to develop a consensus on IHCIA and other health legislation to ensure that they are not replaced by unnecessary legislation or derailed by unfriendly legislators, interest groups and organizations before reaching the President's desk.

In this new Congress and under our new President, Indian Country will have greater opportunities to pass significant health legislation than at any time in the last several years. NIHB will be lobbying all 53 Freshmen Members of the House and 9 Freshmen Senators, many of whom have not developed a strong position on Indian health, to ensure that they fully understand and support the needs of American Indians and Alaskan Natives. These efforts will extend to more senior Members as well, all of whom we will encourage to strengthen their health care credentials by taking a leadership role on upcoming Indian health issues.

To receive regular legislative updates from the NIHB or join our grassroots network, contact Caitlin Wesaw at [cwesaw@nihb.org](mailto:cwesaw@nihb.org).

**Please continue to visit the NIHB website for news about health care reform, legislation, programs, news events and read *The National Indian Health Board's Guide to Congress for 2009* to get involved in the fight for Indian health. Please support the NIHB's advocacy efforts in the coming year because you can't be on the Hill every day – but, NIHB can – and is – for you!**

### NIHB HEALTHY LIVING TIP

## Can you prevent diabetes?

**YES** – it is possible to prevent diabetes in people who are at risk. The Diabetes Prevention Program research study showed that individuals at risk for diabetes who made lifestyle changes, such as walking briskly for 30 minutes on at least 5 days a week and eating a diet that is lower in fat and calories can reduce your risk of developing diabetes by 58%! Talk with your doctor, dietitian, or health educator about how you can start to make these lifestyle changes in your life to prevent diabetes.

*This NIHB Healthy Tip is brought to you by Yvette Roubideaux, MD, MPH Assistant Professor, College of Medicine, The University of Arizona.*



## 2008 NIHB Call for Proposals

National Indian Health Board's  
**2nd Annual Public Health Summit**  
*Tribal-State Relations*  
*and the Foundations for Public Health*  
**April 22-23, 2009**  
**Oklahoma City, Oklahoma**

**CALL FOR PROPOSALS**  
**Deadline: Friday, January 16, 2009**

The National Indian Health Board (NIHB) is holding its 2nd Annual Public Health Summit April 22-23, 2009 in Oklahoma City, Oklahoma. The theme is Tribal-State Relations and the Foundations for Public Health. The NIHB invites proposals addressing topics such as best practices in tribal consultation, how to work with states to increase funding for public health programs, advocating at the federal and state level and using the media to market public health programs. Proposals outside of these suggestions or cross-cutting topics are encouraged and will be considered.

### HOW TO SUBMIT A PROPOSAL

- Go to [www.nihb.org](http://www.nihb.org) for complete information on submitting a workshop proposal and required forms.
- Group presentations are limited to four presenters, including a moderator.
- The workshop proposal must include the following information: presentation summary, 250 word abstract and biographical sketches of all participants.
- All workshop proposals must be received at the NIHB office by Friday, January 16th, 2009 no later than 5:00 pm (EST). Proposals may be mailed, e-mailed or faxed to:  
 Audrey Solimon,  
 Program Manager, Healthy Indian Country Initiative  
 National Indian Health Board  
 926 Pennsylvania Avenue SE  
 Washington, D.C. 20003  
 Phone: (202) 507-4070 Fax: (202) 507-4071  
 Email: [asolimon@nihb.org](mailto:asolimon@nihb.org)
- All workshop proposals must follow the general NIHB guidelines for submission at the end of this document. Submissions that do not comply will be returned to sender without review.
- Please note: NIHB receives numerous proposals on the same topic. At NIHB's discretion in order to accommodate as many qualified and experienced presenters as possible, NIHB reserves the right to add presenters to any panel.

For more information on the NIHB 2nd Annual Public Health Summit and how to submit workshop proposals please visit [www.nihb.org](http://www.nihb.org) or contact Audrey Solimon at (202) 507-4070 or [asolimon@nihb.org](mailto:asolimon@nihb.org).

Primary presenters of accepted proposals will be contacted by February 27, 2009.

Questions can be directed to Audrey Solimon by contacting [asolimon@nihb.org](mailto:asolimon@nihb.org)

Continued from page THREE

## NIHB Takes the Lead on Health Care Reform

### State Children's Health Insurance Plan

- Extends the State Children's Health Insurance Program (SCHIP), at a minimum, to children with family incomes at or below 250% of Federal poverty level and who are not Medicaid eligible.
- Those States that cover children over 250% of poverty level would continue under existing policies.

### Improving Health Care Quality and Value

The plan calls for improvements to health care quality by:

- Strengthening the role of primary care and chronic management.
- Refocusing payment incentives toward quality.
- Promoting provider collaboration and accountability.
- Improving the health care infrastructure.

### Financing a More Efficient Health Care System

The plan calls for reducing excess health care spending by:

- Detecting and eliminating fraud, waste and abuse.
- Requiring public reporting of costs and quality of care.
- Reforming medical malpractice laws.
- Eliminating overpayments to Medicare private insurance plans.
- Improving the quality and delivery of long-term care services.
- Developing tax incentives for health care coverage.

## How Does the Baucus Call to Action Address Indian Health?

The Baucus plan calls for increased funding for the Indian Health Service (IHS). In the plan, Chairman Baucus recognizes "that America cannot keep its promise to provide care to Native Americans and Alaska Natives with the current level of Indian Health Service funding." The plan calls for improving and strengthening existing public health programs, including increased funding for IHS and encouraging AI/AN enrollment in other programs, such as Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP). It is significant that the Senate Finance Committee, which does not have primary jurisdiction over Indian issues, recognizes the tremendous need for increase in IHS funding and improved access to services offered by other Federal health programs.

There are many questions about the role that IHS, Tribal and Urban Indian health programs (I/T/Us) will play in the upcoming health care reform efforts. The IHS is not an entitlement program and does not have a defined benefit package. Although AI/AN have access to private insurance and Federal health programs such as Medicare, Medicaid, and SCHIP, over 30% of the AI/AN population remains uninsured.



## Senate Finance Committee Holds Hearing: *Health Care Reform: An Economic Perspective*


Senate Finance Committee Chairman Max Baucus (D-MT) and Ranking Member Chuck Grassley (R-IA), declared their desire to work together with Senator Edward Kennedy (D-MA), Chairman of the Health, Education, Labor and Pensions (HELP) Committee; in the next Congress to put forth health care reform legislation. The Senate Finance Committee held a hearing to discuss Senator Baucus' on November 19, 2008, entitled Health Care Reform: An Economic Perspective. This hearing was the tenth in a series on health reform held by the Committee this year. The Committee will continue to hold hearings and propose bi-partisan legislation in the 111th Congress.

Chairman Baucus and the Ranking Member Grassley were present along with Senators Rockefeller (D-WV), Bingaman (D-NM), Wyden (D-OR), Stabenow (D-MI), Salazar (D-CO), Hatch (R-UT), and Snowe (R-ME).

The main theme of the hearing was how the economy and health care are linked. The four witnesses were:

- Ivan G. Seidenberg, Chairman and Chief Executive Officer, Verizon Communications, Inc., New York, New York

- Andy Stern, President, Service Employees International Union (SEIU), Washington, D.C.
- Uwe E. Reinhardt, Ph.D., James Madison Professor of Political Economy, Woodrow Wilson School of Public and International Affairs, Princeton University, Princeton, New Jersey
- Amitabh Chandra, Ph.D., Assistant Professor of Public Policy, John F. Kennedy School of Government, Harvard University, Cambridge, Massachusetts

To demonstrate the economic impact of health care on the economy, Dr. Uwe Reinhardt and Dr. Amitabh Chandra both presented an academic, economic perspective to the Committee. Both agreed that health care reform is necessary to rebuild the American economy. Dr. Reinhardt spoke on how money spent on health coverage for the uninsured is money well spent – there is a high rate of return because the health care industry employs people and creates jobs. Dr. Chandra addressed the issue that the key to any health care reform must be linked to Medicare reform that is a value based reimbursement system tied to quality of care. 

## NIHB is Growing!

The National Indian Health Board seeks qualified candidates for the following open positions based in Washington, D.C.:

### Deputy Director

The Deputy Director will be responsible for the day-to-day administration of the National Indian Health Board. The Deputy Director oversees all assigned project activities to ensure compliance with grant or contract requirements from federal agencies and private donors. Duties include preparing funding proposals, supervising project staff and assisting with committees as required.

Successful candidates will have a Master's Degree (MPH, MSW, MPA, or MBA) with at least five years post-graduate experience. Demonstrated experience with administering federal grants and contracts, supervising professional staff, and successfully working with various boards, public officials, and tribal leaders. Knowledge of Indian health care programs and excellent written and oral communication skills are required.

### Meeting and Event Coordinator

The Meeting & Event Coordinator will be responsible for coordinating all meeting logistics, travel and hotel accommodations for the National Indian Health Board staff members, Board of Directors, and all Tribal Advisory Committees and the Tribal Public Health Accreditation Advisory Board (TPHA). The Meeting & Event Coordinator will be responsible for planning and implementing two (2) NIHB National Conferences per year; the Public Health Summit and the Annual Consumer Conference.

Successful candidates will have a Bachelor's degree from an accredited college or university with a minimum of two years, five years experience preferred, of demonstrated experience with conference planning and development on a national level. Certified Travel Agent is a plus.

For more information please visit [www.nihb.org](http://www.nihb.org). Interested candidates please send a resume and cover letter to [jobs@nihb.org](mailto:jobs@nihb.org) with your name and the title of the position you are applying for in the subject line.

**For more opportunities at NIHB, please see our website.**



## Please Help Support NIHB

...So that your message can be heard on Capitol Hill everyday!

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

We are aware that the travel expenses to Washington D.C. alone can keep you from being able to communicate the things that you need to be healthy.

We can visit the halls of Congress every day to advocate for health issues on your behalf.

We need your support, not a lot, whatever you are able to help out with...so that your message can be heard on Capitol Hill everyday!

### National Indian Health Board 2008 Donation Slip

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926 Pennsylvania Avenue, SE  
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