

ROUBIDEAUX CONFIRMED BY SENATE TO LEAD IHS

Washington, D.C. – The National Indian Health Board (NIHB) is pleased to announce that the Senate unanimously confirmed Dr. Yvette Roubideaux as Director of the Indian Health Service (IHS) Wednesday, May 6, 2009.

Tribes across the nation recognize Dr. Roubideaux to be a very dedicated and respected advocate for American Indian and Alaska Native health care. The NIHB Chairman Reno Keoni Franklin believes that “Dr. Roubideaux has many extensive skills and experiences that will be invaluable assets for leadership of IHS. From her years as a practicing physician in Indian Country and program administrator to her time researching and teaching, Dr. Roubideaux brings a well-rounded perspective and in-depth knowledge of the Indian health care system that will serve both IHS and Indian Country well.”

The NIHB has had the privilege of working closely with Dr. Roubideaux on the Tribal Public

Health Accreditation project through which the Tribes created a strategic plan to improve the quality of public health services throughout Indian Country. The NIHB Executive Director, Stacy Bohlen expects that, “As we all move forward to improve the health status of Indian people, we believe Dr. Roubideaux will continue to work diligently for the health needs of all American Indians and Alaska Natives.”

The NIHB is confident that as the Director of IHS, Dr. Roubideaux will address budgetary and policy challenges with the same dedication and respect to Indian Country that she has shown throughout her career. We look forward to working with Dr. Roubideaux as she takes the steps necessary to make significant improvements to the Indian health care system and to ensure a healthy future for all American Indians and Alaska Natives.

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INDIAN HEALTH IN THE ERA OF HEALTH CARE REFORM - UPDATE

Washington, D.C.—The NIHB Board of Directors held a successful board meeting April 26-27, 2009. The primary focus of this Board meeting was discussing the Indian Health Care system during this era of nationwide health care reform. The Board also heard from congressional staff regarding this topic. Chairman Reno Keoni Franklin requested that all Areas hold health care reform work sessions with the goal of identifying key elements for Indian Country that should be in reform legislation.

Areas who have scheduled health care reform listening sessions:

May 15, 2009—Alaska Area

June 2-3, 2009—Bemidji Area

June 2-3, 2009—Portland Area

Additionally, Chairman Reno Keoni Franklin presented testimony at the HHS Tribal Budget Consultation Session on April 30, 2009 regarding health care reform. He stated “Indian Country is undertaking a critical review of the Indian health system and health care reform may offer new opportunities. As we all know, the Indian health system is much more than an extension of the mainstream healthcare system in America.”

The NIHB realizes that Tribes play multiple roles in the delivery of health care to tribal members: Tribes are providers, payers and employers, and remain always a government body. Tribes need something more than one-size fits all approach in health care reform to address all the issues facing our unique health care system.

The NIHB has identified three initial thoughts on reform:

1. Any expansion of Medicare and Medicaid programs shall include American Indian and Alaska Native specific provisions ensuring equitable access to all services and methods of reimbursement.
2. States must be expressly instructed to consult with tribes on CMS programs as statutorily mandated. In addition, any legislation put forward must mandate state consultation with tribes on other Health and Human Services programs and issues such as block grants.
3. Health care delivery and services must be culturally competent and appropriate and must address preventative and chronic care.

The NIHB is continuing to meet with the tribes, the Obama Administration, Congress and other health organizations to ensure that the unique needs of AI/ ANs are addressed in health care reform legislation. Please visit our website www.nihb.org or www.healthreform.gov for timely information regarding Health Care Reform.

If your tribe or organization has developed health care reform policy recommendations or if you are holding a listening session please contact Jennifer Cooper at jcooper@nihb.org.



IHS National Tribal Budget Formulation Workgroup Co-Chairs gaiashkibos (left) and Darryl Red Eagle (right) presented the FY 2011 IHS budget recommendations during the HHS Tribal Budget Consultation Session, April 30, 2009.

IHS TRIBAL BUDGET FORMULATION WORKGROUP PRESENTS BUDGET REQUESTS FOR FY 2011

Washington, D.C.— The Indian Health Service (IHS) National Tribal Budget Formulation Workgroup led by Co-Chairs Darryl Red Eagle (Ft. Peck Assiniboine and Sioux Tribes) and Gaiashkibos (Lac Courte Oreilles Band of Lake Superior Chippewa Indians) presented the FY 2011 Tribal Budget Recommendations to the U.S. Department of Health and Human Services on April 30, 2009. The message was clear, the time for change is now – “the federal government must embark in a new era of relations with American Indian/Alaska Native (AI/AN) Tribes.”

The FY 2011 Tribal Budget Formulation Workgroup recommended an increase of \$2.1 billion to \$6.1 billion to adequately fund IHS. This is the

necessary first step toward meeting the overwhelming \$21.8 billion (adjusted for inflation over a three-year period based on Medicare inflation rate) needed to bring parity in health care for AI/ANs by FY 2020.

Co-Chair Darryl Red Eagle stated that Tribes are no longer willing to just “go through the motions – we must see change, real change, which demonstrates the U.S. government is sincere in its desire to eliminate the health disparities separating its first citizens from the rest of our neighbors.”

In addition to the IHS budget recommendations, the Workgroup identified ten national health care

priorities: Diabetes, Cancer, Behavioral Health/Alcohol/Substance Abuse/Mental Health, Cardiovascular Diseases/Heart Disease/Stroke, Health Promotion/Disease Prevention, Injuries/Injury Prevention, Maternal and Child Health, Dental Health, Water and Sanitation, and Respiratory/Pulmonary Diseases.

For more information on the IHS Tribal Budget Formulation Workgroup’s recommendations please contact Stacy Bohlen, NIHB Executive Director, at sbohlen@nihb.org or at 202-507-4070. A complete copy of the testimony and PowerPoint presentation are available on the NIHB website, www.nihb.org.

SENATE FINANCE COMMITTEE RELEASES POLICY OPTIONS AND CALLS FOR PUBLIC COMMENT

Washington, DC – Senate Finance Committee Chairman Max Baucus (D-Mont.) and Ranking Member Chuck Grassley (R-Iowa) released policy options for expanding health care coverage to the 46 million Americans who are currently uninsured on May 11, 2009. According to a statement released by the Committee, the Finance leaders will “walk through” the options at a Committee meeting on Thursday, May 14th and solicit thoughts and ideas from Members on the options for expanding coverage.

The options being released today are the second of three papers that

Members will discuss before a Finance Committee mark-up of comprehensive health reform legislation in June.

1. Policy Options for Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans (Released on April 29, 2009)
2. Policy Options for Transforming the Health Care Delivery System: Proposals to Improve Patient Care and Reduce Health Care Costs (Released on May 11, 2009)
3. Financing Reform Policy Options (To be released)

The complete text of the policy options can be found on the Finance Committee website at <http://www.finance.senate.gov/sitepages/legislation.htm>.

The Committee has invited public comments on the policy options. Public comments should be directed to Health_Reform@finance-dem.senate.gov. The deadlines for public comments are: Delivery System Reform Policy Options, May 15, 2009; Coverage Reform Policy Options, May 22, 2009; Financing Reform Policy Options, May 26, 2009.

National Indian Health Board

926 Pennsylvania Avenue, SE
Washington, DC 20003
Phone: 202-507-4070
Fax: 202-507-4071
Web: www.nihb.org



For more information on this publication or if you have any questions please contact:

Jennifer Cooper at jcooper@nihb.org

PRESIDENT OBAMA RELEASES FY 2010 BUDGET

Washington, D.C.—Last Thursday, May 7, 2009, President Obama submitted his proposal for FY 2010. According to the statement released by the Office of Management and Budget, the President's plan directs hundreds of millions of dollars in new funding to the Indian Health Service—one of the largest increases in 20 years. With more than \$4 billion for this effort, the budget begins a multi-year investment to expand care and develop prevention initiatives that will address persistent health disparities. This builds on the funding for the Indian Health Service in the Recovery Act, which provided \$500 million for construction, equipment, and improvements at health care facilities.

AI/AN ADVOCATES ON THE HILL

Washington, D.C.—The NIHB Legislative Director, Jennifer Cooper, briefed the Council of Large Land Based Tribes May 11, 2009 on Indian health issues such as the Indian Health Care Improvement Act, HHS Tribal Budget Consultation Session and the NIHB's health care reform efforts.

The NIHB Communications Coordinator, Caitlin Wesaw participated in a Hill briefing with the American Academy of Pediatrics Committee on Native American Children's Health on April 27, 2009.

For more information on the President's FY 2010 budget please visit:

<http://www.whitehouse.gov/omb/>

To read NIHB's FY 2010 budget recommendations please visit:

www.nihb.org/legislative/budget_formulation.php

INDIAN HEALTH CARE IMPROVEMENT ACT UPDATE

The NIHB has been working closely with Hill staff to draft a new and improved Indian Health Care Improvement Act with the guidance of the National Steering Committee. Please stay tuned to the NIHB website for announcements regarding the introduction of the bill and calls to action.

Legislative Director Jennifer Cooper also participated in and briefed the Inter-Tribal Council of Arizona during their annual Impact Week, March 24, 2009.

