

## **Session 1 – Reauthorization of the Indian Health Care Improvement Act**

### Carol Barbero – introductory remarks

- What was passed was Sen. Gordon's Bill, 1790. IHCA was not completely rewritten. Final product reflects political compromises. Bill was not passed as a standalone bill. As a consequence some very good parts of the bill passed under the radar.
- Wants to know if specific provisions should be implemented only after we have sufficient resources.
- Title 1 – devoted to Indian health manpower or in other words human resources. Only about four changes made. 1. Certification program to train health care providers in remote regions. Program has been successful in AK. New law expands this program in the lower 48 states. If tribes are interested in CHAP program they should work with IHS. One area of interest regards dental hygienists. New law has authorization for use of mid level dental practitioners. Any tribe in any state that allows use of mid-level practitioners may also use them. Tribes may also be eligible for any federal program that uses mid level practitioners. New provision that exempts tribes and employees from paying any federal licensing fees. Carol has prepared a report that is included in the electronic documents.
- Myra commented that Dr. Glifford was in room and anyone that wants to have more information can talk to him about how it works in AK
- Title 4 – all about money. Since 2000 tribes have authority for Medicare and Medicaid direct collections. Under new law IHS must return 100% to service units instead of 80%. Greater use of funds under new law. No longer requires first use of funds for maintenance of conditions of participation. Greater flexibility to spend funds for any health care service. One section authorizes a tribe to purchase health care insurance for its beneficiaries. Tribal employees can now be covered under the federal employees' health benefit program. IHS to take lead on implementation of this program. Income levels may be taken into account. The new law has a provision that says a NA who is a veteran can be billed back to the VA. Another provision facilitates the provision of service to NA veterans by allowing IHS to pay VA co-pays under certain provisions.
- Title 8 – miscellaneous section. Somewhat awkwardly worded language regarding abortions. IHS under same rules as other federal programs. Section 813 discusses provision of services to non-beneficiaries. Provides for additional funding for inflation and increase in populations. A provision for cost sharing of beneficiaries. IHS is prohibited from requiring co-pays. Injury prevention report required. Traditional health care practices excluded from any legal prosecution.

### Mike Mahsetky

- Title 6 – specifically states advocacy role of IHS director. Directs IHS director to develop plan that will discuss development of a 13<sup>th</sup> area office.
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Myra Munson:

- Be careful to not get caught up in demonstration projects. Yesterday I walked through the policy and enforcement pieces of the law. Goals are now the same as what is in the healthy people 2010.
- Allows individual tribes to build a program that fits their Community. Does not make up for loss of funds but gives each tribe more latitude as to what can be done.
- Title 2 – the changes were made to section 201. Adds examples for long term care and cancer screening. Specifically mentions injury response. Provides for allocation methods. Adds wording “Tribal Organizations”. Identifies deficiencies of the law. Requires reports within 3 years including waiting lists. Helps explain. Section 204 requires recurring funding for tribes and tribal organizations such as diabetes program. Section 205 deserves a workshop on how long term care is provided. Section 206 – when funds are received from a 3<sup>rd</sup> party source the funds must be returned to service unit where generated. Section 222 – no legal recourse to the health care provider. Every demonstration project is self executing given broad authority of self-governance. Expands mammography, tuberculosis, adds office of men’s health. Requires report on men’s health within 2 years.
- Title 3 – section 301. Priority system established re: inpatient/outpatient, grandfather clause, authorizes FAB, requires a number of reports some of which are due within the first year and must be updated every 5 years. IHS has reporting responsibilities. Authorizes innovative funding approaches. Section 307 demonstration projects on alternative means of health care delivery. Provides for up to 10 demonstration projects per year. Section 312 has new demonstration component for using modular facilities. Section 313 find ways to speed up ways to put new facilities into place.
- Title 7 – comprehensive rewrite of substance abuse and mental health provisions. A bit confusing at this time. definition of mental health and coordination of services. Reflects not only substance abuse but also sexual abuse, elder abuse, etc. There a number of new demonstration projects. Funding agreements may need to be restructured because sexual abuse, elder abuse, and other programs are expressly noted.
- Quality Assurance Provision -

## Questions:

- Jim Roberts – will there be a consistent policy declaration that would help tribes move legislation through?
- Are there specific education and registration requirements for mid-level dental practitioners? YES. There are a variety of requirements and services provided.
- Do we (tribes) have the authority to run program or have IHS run? EITHER/OR
- Question re: 206. Does it impact Medicare? No. does not impact medicare or medicaid.
- Can CHAP funds be used to purchase “stop Loss” insurance. NO
- Mr. Roberts – comments regarding facility construction needs and a comprehensive method of providing needs to Congress.
- Will funding transfer under 311 be automatic? NO
- Does 312 authorize modular’s for different services in a campus setup? Nothing in current law prevents this from being done. The objective of the modular component is to give a quicker alternative for services.
- What are licensing provisions?
- Is there anything about services to undocumented immigrants and reimbursement of \$\$\$. There is nothing specifically in this Act but there may be some other sources.
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