Upcoming Delegates Meetings

Delegates meetings will continue to be scheduled quarterly as part of our consolidated Monthly Tribal-State Meetings.

June 11, 2026 – Hosted by the Upper Skagit Tribe and held at the Skagit Valley Casino. Please reach out to info@aihc-wa.com if you need more info on hotel reservations or location.

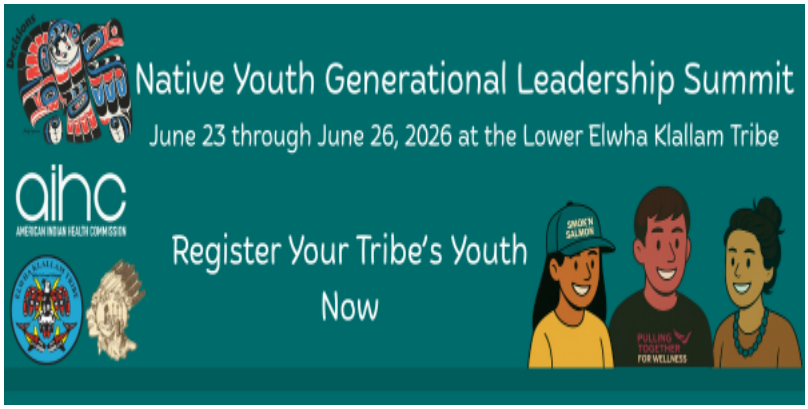
The September Delegates Meeting will be replaced this year with the 2026 Biennial Tribal and State Health Leaders Summit.

2026 Tribal and State Leaders Health Summit will be hosted by the Squaxin Island Tribe and held at the Little Creek Casino Resort. More info on hotel reservations and other activities are listed on the registration page linked above.

Upcoming Events

- **Stay up to date on all upcoming events** – Check out the calendar on our website for upcoming meetings and events: https://aihc-wa.com/calendar
- **Native Youth Leadership and Resiliency Summit** – June 23-26, 2026, at the Lower Elwha Klallam Tribe. Register your Tribe here.

- **Governor's Indian Health Advisory Council (GIHAC) Meeting –** August 12, 2026, from 1 pm to 4 pm, and held in person at the DSHS OB2 Office in Olympia. Virtual participation via Zoom is also available.
- **2026 Biennial Tribal and State Leaders Health Summit** – September 14-18, 2026; hosted by the Squaxin Island Tribe and held at the Little Creek Casino Resort. Register here.



Hosted by the Lower Elwha Klallam Tribe ʔéʔɬx̣ʷaʔ nəxʷsƛ̓áy̓əm̓ in Partnership with the American Indian Health Commission and WA State Department of Health. For more info, click here.

From the Executive Director

Written by Vicki Lowe

At the last Centennial Accord attended by Governor Inslee in 2024 at the

Suquamish House of Awakened Culture, longtime Tribal Leaders talked about ‘passing the torch’ to the younger Tribal Leaders. There was a panel of younger Tribal Council members who have been stepping into many leadership roles at the Tribal, State, and Federal level. It was exciting to hear these younger leaders talk about their priorities and hopes for the future.

One of the important teachings I have had in my life is that we need to honor our Elders for their knowledge and the work they have done. Our Elder Tribal leaders have done so much work in support of Tribal Sovereignty, self-governance, and self-determination. Many of them keep a pace of travel and meetings that are unfathomable to the rest of us. These leaders have been role models and mentors to many of us. It is hard for them to step back knowing how much we rely on them. When it is time, we need to honor that.

Marilyn Scott, Whe-Che-litsa, long time Councilwoman for the Upper Skagit Tribe, former AIHC Chair and Treasurer, is retiring from her work position at the Upper Skagit Tribe; she will continue to be involved with the Upper Skagit Tribal Council. Following our AIHC Delegates meeting at the Skagit Valley Resort, on June 11th, we will be hosting an honoring for Marilyn Scott. She has been a mentor and role model to so many of us. We hope you can join us from 3-5 pm to celebrate Marilyn. Click here for more info.

2026 Novel Bird Flu Tabletop Exercise

By Jessica McKee, PhD, MPH

AIHC hosted a Novel Bird Flu Tabletop Exercise on 3/31/26 and invited Tribes, DOH, and local health jurisdictions to participate. In the scenario, participants worked through what the flow of communication would be like if someone from a Tribal community tested positive for a novel strain of bird flu. This was a tabletop that called out a gap highlighted during COVID, that currently there is no requirement for notifiable conditions impacted people living on Tribal land to be reported to Tribes.

Key findings from this tabletop included the need for basic training on how to work with Tribes and understand Tribal authority, a clear process across the state for how Tribes are to be notified, education on how to work with Tribes in emergencies, and for this education to be done regularly to combat staff turnover resulting in a loss of knowledge and experience.

Findings: 2026 Novel Bird Flu Tabletop

Tribal Public Health Emergency Preparedness Conference

By Jessica McKee, PhD, MPH

This year we participated in four presentations at the Tribal Public Health Emergency Preparedness Conference, hosted by the Quinault Tribe.

Preventing Foodborne Outbreaks at Temporary Events

This presentation was done alongside Lower Elwha and the Northwest Portland Area Indian Health Board to highlight the work that was done leading up to and during Canoe Journey 2025 to ensure that food was being safely prepared for all during the event.

An Introduction to Legal and Administrative Preparedness for Tribal Nations

This presentation was done alongside the CDC's Public Health Law Program and highlighted the importance of administrative preparedness which to oversimplify, is having all the plans, policies, and procedures written down before an emergency so that people know what they are needing to do.

Findings From the 2026 Novel Bird Flu Tabletop

This presentation allowed AIHC to highlight the key findings mentioned in the newsletter article above about the exercise to a larger audience of state, federal, and Tribal partners.

Best Practices for Building Legal and Cross-Jurisdictional Coordination Issues into Exercises

This presentation was again in partnership with the CDC's Public Health Law Program. We discussed how to ensure that tabletop exercises force the participants through the legal conversations you are hoping they will have during an exercise. Participants then grouped up and chose a legal issue and designed a tabletop exercise together as a team.

AIHC Tribal Urban Immunization Coalition Advances Priorities for 2027-2028

By Wendy Stevens, MNPL, MSS

During the May 2026 Tribal Urban Immunization Coalition (TUIC) Quarterly Meeting, coalition members reviewed progress on Tribal immunization initiatives and identified several key priorities for the coming year. Participants agreed to incorporate findings from recent Tribal listening sessions into updated coalition tribal immunization priorities for the 2027–2028 biennium and continue review of

the development of the Washington State Immunization Roadmap as to how tribal immunization goals and feedback could inform the WA State DOH roadmap planning.

The need for clearer guidance regarding immunization and vaccine recommendations for American Indian and Alaska Native populations highlighting the higher mortality and morbidity rates for Native children was identified. Discussion focused on establishing a workgroup to review COVID-19 immunization recommendations and future vaccine topics of importance to Tribal communities, including RSV and hepatitis B. This effort would work with Tribes and state partners to discuss and review evidence-based recommendations with a specific focus to health and prevention of vaccine preventable disease amongst AI/AN people in Washington State. Reports were shared of challenges to updates to immunization system, identifying community members needing continued immunization updates due to system changes and emerging VPD such as measles prevention and also to the importance of supporting tribes in developing their own recommendations where they choose and helping non-tribal providers understand AI/AN-immunization specific need.

The importance of ensuring that AI/AN-specific immunization recommendations are shared not only within Tribal health systems but also with specialty providers and referral partners who serve Tribal patients was shared. It was noted that when Tribal health programs develop recommendations that reflect the unique health needs of AI/AN communities, those recommendations should accompany referrals and care coordination efforts so outside providers are aware of Tribal priorities and immunization prevention strategies.

We continue to reflect on lessons learned during the COVID-19 pandemic, including the leadership role Tribal communities played in protecting elders, families, and community members through vaccination efforts. Discussion emphasized that Tribal communities often identified needs and priorities that differed from broader public health recommendations and demonstrated the importance of Tribal voices in

shaping vaccine policy, education, and implementation. These experiences continue to inform current discussions regarding AI/AN-specific vaccine recommendations and culturally responsive public health strategies.

We continue to compile resources gathered from recent Tribal health fair tables into a consolidated list and publish the resource list on the AIHC Immunizations webpage. Additional efforts discussed work with DOH, HCA and other partners to include focus on improving understanding of vaccine purchasing, billing, and reimbursement options for Tribal health programs.

Other action items included planning the August 2026 TUIC quarterly meeting and review for in person or virtual, compiling and publishing immunization resources gathered through community outreach events, preparing a detailed summary (including footnotes and analysis) describing vaccine recommendations that differ for AI/AN children and supporting evidence to DOH and coalition participants to inform state/provider education.

The Coalition remains committed to strengthening Tribal and Urban Indian immunization efforts through collaboration, culturally responsive approaches, community engagement, and shared learning among Tribal, Urban Indian, state, and federal partners. You can find more information on our website.

Tribal Immunizations – American Indian Health Commission

AIHC Co-Authors Tribal Data Sovereignty Article in the Journal of Law, Medicine & Ethics

By Heather Erb

On April 16, 2026, the Journal of Law, Medicine & Ethics published an article entitled, “Tribal Data Sovereignty Article in the Journal of Law, Medicine & Ethics” co-authored by Vicki Lowe, Heather Erb, and Jessica McKee from AIHC, Summer

Hammons from Tulalip Tribes, and Kristin Peterson and Amanda Tjemsland from the Department of Health. This article highlights the enormous and years long efforts of Tribes, Washington State, and AIHC to develop some of the first Tribal data sharing agreement resources in the country including a model Tribal data sharing agreement. The article emphasizes Tribes' inherent sovereign authority to create, access, and manage their own data. It also provides an outline of Tribal data sovereignty principles for states to apply when exchanging and protecting Tribal public health data. We hope this article will serve as an additional source of information and inspiration for other Tribes, states, and other governmental agencies looking to improve their Tribal data sovereignty practices.

Our heart felt appreciation to Lou Schmitz for setting us on the path to do this work.

AIHC recognized for its leadership in addressing Maternal Mortality among American Indian and Alaska Native people

By JanMarie Ward, MPA and Cindy Gamble, MPH and CLC

Two maternal, infant, child, and family health advocates from AIHC have been recognized nationally for their groundbreaking work to address maternal mortality among AI/AN communities in Washington State.

Cindy Gamble (Tlingit), MPH, CLC and JanMarie Ward (Chumash), MPA, received two prestigious honors at the national CDC annual MMRIA Users Meeting (Maternal Mortality Review Information Application) in April 2026:

- The Tribal Peer Recognition for Collaboration and Partnerships, awarded by Tribal peers from across the nation
- The CDC MMRIA Visionary Award, nominated by national partners

Awardees: Cindy Gamble and JanMarie Ward, along with Lynn Lane and Kimberly Moore Salas from the Arizona Maternal Mortality Review Initiative.

The Commission’s initiative began in response to a 2019 Washington State Maternal Mortality Review Panel report finding that AI/AN Washingtonians experienced higher rates of maternal mortality than any other racial group in the state, which has been confirmed again in 2023 and 2025. In response, Cindy and JanMarie developed a series of listening sessions (community conversations) with Tribal and urban Indian communities and health leaders to identify priorities and shape solutions.

Our work is rooted in the *Pulling Together for Wellness* framework. Their findings have shaped formal addenda to both the 2023 and 2025 state maternal mortality reports, ensuring tribal community voices are heard.

Awardees: JanMarie Ward, Cindy Gamble, and Kim Moore Salas (Arizona)

These Visionary Awards are a national acknowledgment that centering on Tribal community input and grounding public health work in Tribally led frameworks that honor Tribal sovereignty is not just the right thing to do, it is the path forward for strengthening perinatal health and eliminating maternal health disparities in AI/AN communities.

Behavioral Health Trainings

By Kathryn Akeah

AIHC was busy this spring setting up, supporting, giving, and attending trainings for Tribal Behavioral Health systems. Over a dozen Tribal staff from at least five Tribes attended the 2nd Tribal Designated Crisis Responder training to learn all the legal and behavioral health professional ins and outs of involuntary treatment processes. Potentially taking someone's rights away due to a severe crisis is never an easy task and several Tribes are exploring how they will approach BH crisis response and whether or not they will have an involuntary treatment process. The 2nd Tribal DCR training was organized by North Sound BH ASO, hosted by Yakama, sponsored by HCA and held at the Legends Casino Hotel May 11 – 14th.

When a person ends up in the state criminal justice system, but really needs behavioral health treatment, they can become part of systems now referred to as Trueblood programs. AIHC staff and consultants held webinars for HCA and DSHS Trueblood Program staff and the Washington Association of Sheriffs and Police Chiefs officers and BH co-responders. Training focused on understanding Tribal Sovereignty, Tribal programs and services, Generational Clarity, and Tribal Law Enforcement Best Practices. A big shout out and thank you to Police Chief Sherman Pruitt from Sauk-Suiattle Tribe for joining AIHC for the WASPC Training.

AIHC Opioid and Fentanyl Response

By Lisa Rey Thomas, PhD

The Commission supports the WA Tribal Opioid Fentanyl (WTOF) Taskforce and the five WTOTF Workgroups:

- Continuum of Care
- Public Safety and the Justice System
- Community Response
- Family and Community Services
- Housing and Wrap Around Services

The Commission and the WTOF Taskforce have been working on:

- Monthly and quarterly meetings (please email info@aihc-wa.com if you would like to be added to the meeting invites)
- Addressing priorities identified in the 2025 WA Tribal Opioid and Fentanyl Response Summit as well as identifying new priorities
- Preparing for the 2026 WA Tribal Opioid and Fentanyl Response Summit

- Working with the WA Tribal Opioid Administrator at the WA Health Care Authority (HCA) to update the WA State Opioid and Overdose Plan

To learn more about the WA State Opioid and Overdose Plan (SOORP), please see these slides from the HCA presented to the WTOTF Workgroups over the past 2 months.

5.12.26 SOORP Strategies Update

The SOORP working document is a 25-page document with a table listing the working strategies that was originally developed by HCA, Department of Health (DOH), the Addictions, Drug & Alcohol Institute (ADAI), and the related workgroups. The Commission, the WTOTF, and the WTOTF Workgroups are editing the table to identify and incorporate strategies and accomplishments by the WTOTF, the Commission, Urban Indian Health Organizations, Indian Health Care Providers, and Tribes to address the opioid and fentanyl public health crisis in WA with a focus on AIAN people and communities. That updated working document can be found below. If you have additional additions, edits, suggestions, please send them to Lisa Rey Thomas at lisarey51@gmail.com and/or info@aihc-wa.com.

SOORP Strategy

Save the Date for the 2026 WA Tribal Opioid and Fentanyl Response Summit to be held at Squaxin Island/Little Creek on September 15! Register here.

Tribal Assister Training Conference 2026

By Laura Kluever

AIHC was proud to host the 2026 Tribal Assister Annual Training Days after more than three months of dedicated planning. This year’s conference took place May 6–7, 2026, at the Muckleshoot Resort and Casino, and we are thrilled to share that it was our largest turnout yet, with over 100 attendees participating both in person

and virtually.

The conference featured a wide range of valuable presentations, and we couldn’t be more pleased with how everything came together. It was truly a powerful opportunity for Tribal Assisters, partners, and organizations to connect, learn, and strengthen the work we do together to serve the Tribal Indian Health Services

We are especially grateful to the Muckleshoot Tribe for graciously hosting a Meet & Greet on May 5th at the Muckleshoot Wellness and Community Center. With the incredible support of Muckleshoot HIS Business Office staff, Lisa Crawford, Astrayia Penn, Luke Moses, and Lisa Elkins, this gathering was thoughtfully planned and welcoming. Medical Administration staff also joined to share information about programs available to Tribal members, which was both informative and inspiring. The evening concluded with a fun networking bingo game, created by Marci Halverson (AIHC Administrative staff).

We were honored to have meaningful cultural contributions throughout the event. On Day 1, Warren King George opened with an all-day blessing and shared a powerful presentation on Muckleshoot sovereignty, land stewardship, and efforts to protect the environment for future generations. On Day 2, newly elected Councilwoman Eileen Richardson and her daughter provided a beautiful song in the Muckleshoot language to bless the gathering. She also spoke about ongoing efforts to revitalize and strengthen language within the Tribe. Both speakers left attendees feeling inspired, grounded, and uplifted.

Presentations were delivered by a wide range of partners, including DSHS, SHIBA, OIC, WAHBE, HCA, and AIHC, as well as Managed Care Organizations such as Community Health of Washington, Coordinated Care of Washington, UnitedHealthcare, Wellpoint, and Molina. Although Kirk Larson from the Social Security Office was unable to present his slides, they are available for review.

All conference presentations are now available on the new Tribal Assister webpage

on the AIHC website.

Tribal Assisters – American Indian Health Commission

Primary Care Case Management for Indian Healthcare Providers

By Jen Olson

Washington has had statutes and administrative rules governing Primary Care Case Management (PCCM) since 2001. [1] A PCCM contract with HCA enables a Tribal clinic to actively coordinate patient care and act as a medical home for a per member per month payment, while continuing to bill Medicaid at the published all-inclusive outpatient encounter rate.

2026 PCCM PMPM rate: Washington State Health Care Authority (HCA) utilizes specialized, tiered PMPM rates for intensive care coordination depending on the specific program:

- **PCCM Entities (PCCMe):** Programs administered by Tribal and Indian health care providers utilize the standard **$6.00** PMPM to actively arrange and manage care for each enrolled client on their case management roster.

PCCM Establishment and Documentation

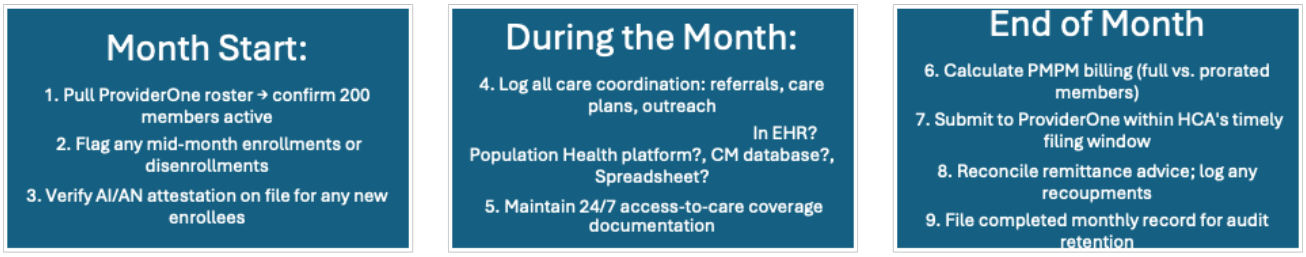
All IHCP PCCM arrangements rest on a shared federal foundation under 42 CFR Part 438. Steps needed to establish an IHCP as a PCCM:

- **PCCM contract with the state** — an executed agreement specifying case management obligations.
- **Proof of IHS/Tribal/Urban Indian Organization status** — documentation establishing the entity as an IHS facility, Tribal 638 contractor, or Urban Indian Health Program (UIHP).

- **Medicaid provider enrollment** in the state Medicaid system with an active provider number.
- **AI/AN member eligibility verification** — confirmation that enrolled members are American Indian/Alaska Native as defined under 25 U.S.C. §1603(13), §1603(28), or §1679(a).
- **Care coordination records** showing location, coordination, and monitoring of primary health care services per the PCCM definition.
- **24/7 access to care documentation** — evidence that emergency care guidance is available around the clock.

How the PMPM Payment Works in Washington

HCA pays PCCM providers a monthly case management fee according to contracted terms and conditions and also pays PCCM providers for health care services under the fee-for-service health care delivery system. This means the PMPM is paid *on top of* the IHS encounter rate — but the two cannot be double-billed for the same activity. The following is an IHCP billing workflow example based on 200 PCCM enrollees:



[1] Source: PCCM's foundation is based on the Revised Code of Washington (**RCW 41.05**) and the Washington Administrative Code (**WAC 182-538**). These regulations integrate government-to-government commitments between the state and Washington's 29 federally recognized tribes. In **2001 Washington** officially codified the technical definitions and program rules for PCCM into the **Washington State Register (WSR 01-20-113)**. This text established the criteria for providers

to contract directly with the state to arrange, coordinate, and receive monthly fees for managing patient care.

Download the full report here:

PCCM_Indian_Health_Care_Providers_Summary

2026 Legislative Efforts

The 2026 Legislative year was a short and intense session. The session began on January 12th and ended on March 12th and was marked with intense debate including a nearly 25-hour discussion on the millionaire's income tax. The session highlighted ongoing debates over taxation, infrastructure funding, education, and the state's response to federal policies. Democrats leveraged their majority to implement policy priorities, while Republicans acted as a resistance bloc.

HB 2685, AIHC's Tribal Data Sovereignty bill, was a priority for the 2026 session. The bill would have codified components of the Governor's Indian Health Advisory Council (GIHAC) Tribal Data Sovereignty Checklist which was adopted by Tribal leaders in 2024. Although the bill successfully passed all House Committee hearings (public hearing, appropriation and rules). The bill died on the House floor while waiting to be voted on, it was 81st on a list of 100 bills.

AIHC will continue its efforts with Tribes to pass future legislation that includes the

following provisions:

- A requirement that GIHAC state agencies, in consultation with Tribes, develop Tribal data policies that address how the state: (1) protects Tribal data; and (2) provides Tribes access to their data located in state datasets;
- A requirement to notify Tribes of infectious diseases occurring within their jurisdictions, so that Tribes can perform their governmental duty to protect the health and welfare of their people; and
- A public records exemption for certain types of Tribal data held in GIHAC state agency datasets. This exemption is intended to protect Tribes from the harmful impacts caused by the disclosure of sensitive Tribal data.

Our bills required intense and continuous monitoring, and advocacy to ensure momentum throughout the process. The AIHC Legislative Team began their advocacy in mid 2025 working to identify bill champions in the legislature to help shepherd the bills throughout the 2026 session. Extensive work and engagement of leadership from the Health, Appropriations, and Rules Committee was accomplished to ensure Legislators understood the need for and importance of tribal bills.

During another successful Tribal Legislative Day, Tribal members, AIHC staff and consultants, along with participants from Lummi Nation, Swinomish Indian Tribal Community, Stillaguamish Tribe of Indians, Suquamish Tribe, and the Seattle Indian Health Board met with 39 legislators or their staff in person. Additionally, the AIHC Legislative team met with an additional 14 legislators via zoom appointments. These meetings provided opportunities to educate State Representatives and to advocate for support of tribal bills. We extend our gratitude and sincerest appreciation to Representative Debra Lekanoff, Data bill sponsor and Representative Lillian Ortiz-Self, Democratic Caucus Chair for their support and counsel.

Several years ago, AIHC recognized the importance of educating Legislators, and staff on Tribal Sovereignty and the Tribal Health Care system. AIHC has created and continuously improved this training and has worked with the Democratic Caucus leadership, Representative Lilian Ortiz-Self, and Representative Debra Lekanoff, and staff to facilitate the training.

- The training is essential to gain support for Tribal health legislation and will ensure awareness to prevent the passing of legislation that could negatively impact tribal communities.
- The initial training was provided to legislative aides during lunch hours over zoom. We currently provide this training to House and Senate, Democratic and Republican legislators, and staff on the Capital campus in legislative meeting rooms.
- Invitations are sent by Representative Lekanoff's office. Trainers include Vicki Lowe, AIHC Executive Director, Heather Erb, AIHC Lead Policy Advisor, and Professor Kyle Pittman, Native Pathways Program, at Evergreen State College.
- The training will be recorded and made available on the AIHC web site for anyone wanting to take the training electronically or a refresher course.
- We have also provided this training to state health agency leadership in the Department of Health, State Board of Health, and the Health Care Authority.

Training participant feedback has been positive, including comments that they had no knowledge of tribal history, sovereignty, nor the tribal health care system.

As we prepare for the future, it is essential we engage tribal youth in legislative efforts to begin developing future legislative leaders. The AIHC will use the interim before the 2027 session to discuss how this can best be accomplished. We hope to use the upcoming Native Youth Summit to initiate these discussions.

For more information, contact:

- Ashley Lowe-Thaens, AIHC Legislative Administrator – ashley.lowe-thaens@aihc-wa.com
- Maria Ness, AIHC Legislative Liaison – maria.gardipee@outlook.com
- Heather Erb, AIHC Lead Policy Advisor – heather.erb@aihc-wa.com

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