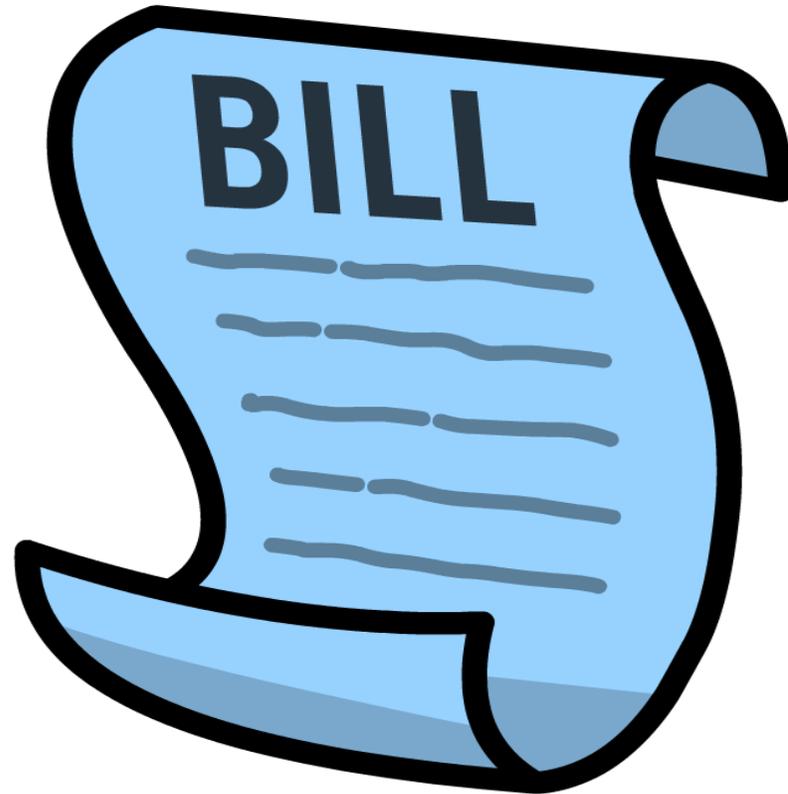


AIHC Legislative Priorities for 2019



American Indian Health Commission
for Washington State

American Indian Health Commission
for Washington State

About Us

Pulling Together for Wellness

We are a Tribally-driven, non-profit organization providing a forum for the twenty-nine tribal governments and two urban Indian health programs in Washington State to work together to improve health outcomes for American Indians and Alaska Natives.





The Washington Indian Health Care Improvement Act

**Why do we
need it?**

Unmet Federal Trust Responsibility

Congressional Budget Office (CBO) estimates that IHS2018 budget is funded at less than 32% of the need

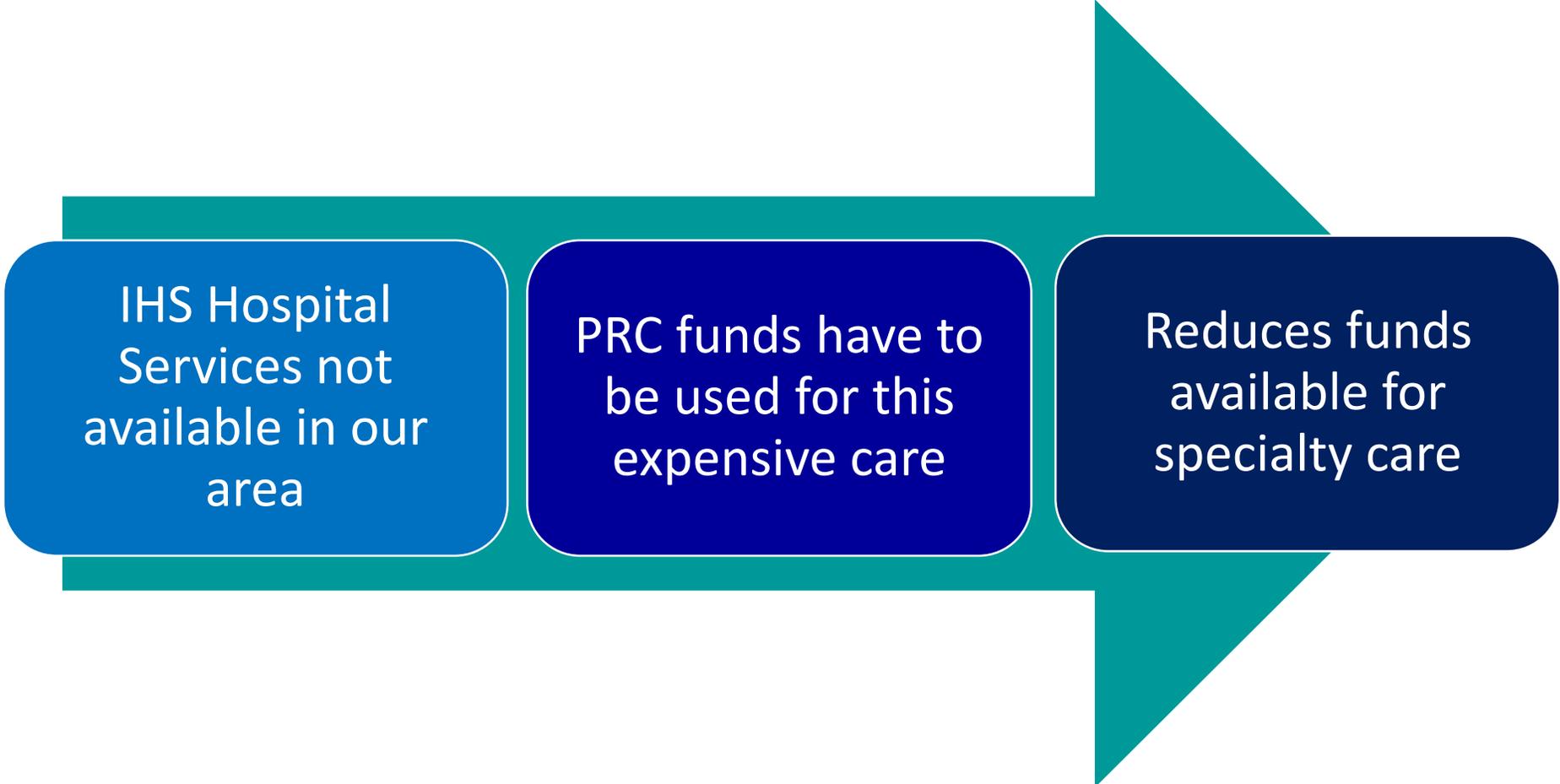
The chronic underfunding of I.H.S. programs has made the use of alternate resources vital to these programs

The U.S. spends more dollars per capita on federal prisoners than on AI/AN people

RESULT:

AI/ANs have the worst overall health outcomes of any other population in Washington State

REGIONAL LACK OF IN-PATIENT CARE



IHS Hospital
Services not
available in our
area

PRC funds have to
be used for this
expensive care

Reduces funds
available for
specialty care

Medicaid coverage helps save limited PRC funds

Federal “Fixes” to Underfunding

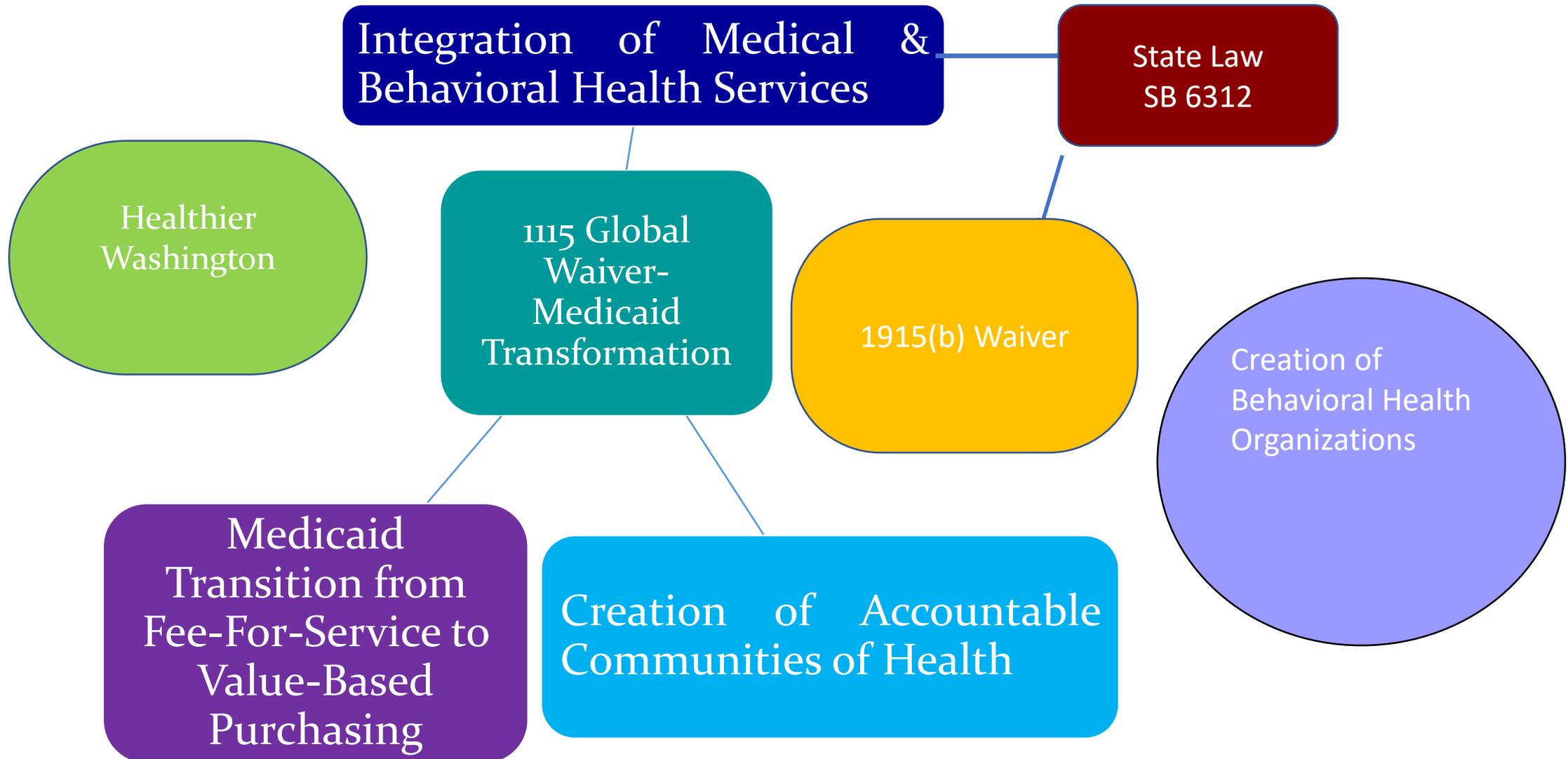
CMS established 100% FMAP payments to Indian Health Care providers for AI/AN claims to maintain the Federal Trust responsibility.

I.H.S is payor of last resort, even with Medicare and Medicaid.

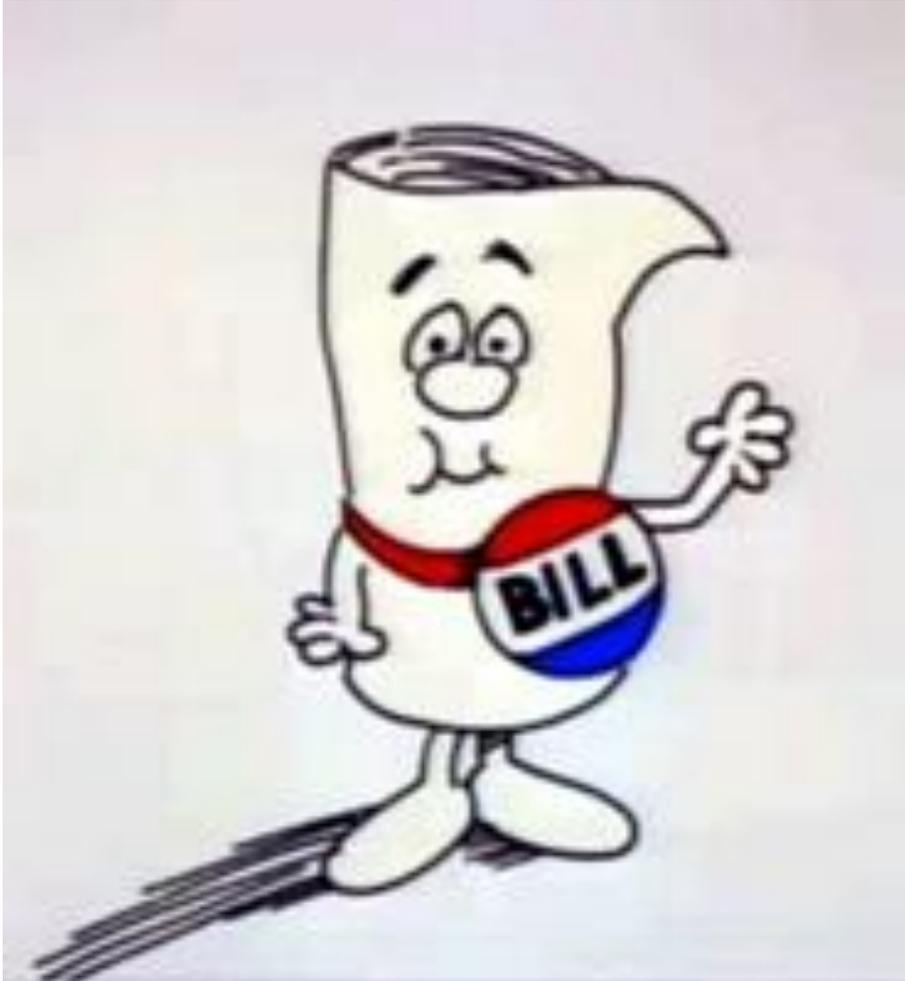
Alternate Resources rules require AI/AN to sign up for and use Medicaid (and other coverages) before PRC funds can be expended on care.

Third Party Revenue – critical to tribal health services

CHANGES AT THE STATE LEVEL



DRAFT Washington Indian Health Improvement Bill



- In 2017, the American Indian Health Commission for Washington State (AIHC) drafted the Washington Indian Health Improvement bill for passage by the Washington State Legislature.
- The bill, as written, was not budget neutral for Washington State.
- In the 2018 session a budget proviso was approved to fund a report with a workplan to make this budget neutral and mutually agreeable to the State and the Tribes.

Legislation creates a process to:

- Maximize Federal Medicaid funds to Washington State
- Capture new savings realized to remove barriers created by State level decisions
 - Leverage savings to improve access to specialty care
 - Build a more robust workforce by supporting innovative provider categories such as: community health aides, behavioral health aides, dental health aide therapists
 - Support reimbursement of culturally-effective services



Major Components

1

Establish the
Governor's Indian
Health Council
Ongoing

2

Biennial Indian
Health
Improvement
Advisory Plan

3

Capture new saving
from 100% FMAP
Received through
Tribal Clinic

4

Establish
Washington Indian
Health
Reinvestment Pool



Current Status

- Report completed submitted to the Legislature in December 2018.
- AIHC hosting tribal legislative health day on January 16, 2019 to bring tribal leaders to Olympia and inform State legislators about the IHCA.

AIHC Tribal Health Legislative Day

January 16, 2019



AIHC is hosting our first Tribal Health Legislative Day

There are five main legislative initiatives we are supporting on this day.

Each Tribal representative will be scheduled with their legislators with a possibility of covering legislators without Tribes in their district.

Upon arrival, Tribal representatives will receive a packet with a one page document with key highlights of each legislative priorities, more information on each priority in the packet and a list of talking points.

Registration Page can be found at:

<https://aihc-wa.com/aihc-tribal-health-legislative-day/>



Other Legislative Priorities:

- Tribal Behavioral Health Legislation
- Tribal Evaluation and Treatment Facility Workgroup Funding
- Foundational Public Health Services including Tribal FPHS
- Tribal Representation on Emergency Management Council

Tribal Behavioral Health Legislation

Background:

Access to care barriers for American Indians and Alaska Native needing crisis services persist throughout the state.

Ask:

Legislation added to the “1388 Fix” will address long standing access barrier by creating 1) Tribal Designated Crisis Responder that is appointed and funded through Tribal Governments, 2) creating requirements to notify Tribal Governments of ITA detainments, hearings and releases of Tribal members, 3) Ensuring access to voluntary treatment inpatient beds for AI/AN Medicaid enrollees in the Fee for Services Program and 4) Creating a process to honoring Tribal Court Orders for Involuntary Treatment Admissions as required under Washington State Superior Court Civil Rules 82.5 (c).

Tribal Evaluation and Treatment Facilities

Background:

Evaluation and Treatment Facilities are part of the Behavioral Health Crisis system where Washington State residents in crisis under an Involuntary Treatment Admissions order are sent to be stabilized before they can be returned to their community. There are currently not enough beds for E&Ts or in the state hospitals. There are no E&T facilities providing culturally appropriate services.

In 2018-19 budget the State legislature funded \$195k to plan a Tribal E&T. This work did not start until December of 2017, all of the funds have not been expended.

Ask:

Funding to continue the work between the Tribes, UIHPs and the State to create a plan for a Tribal Evaluation and Treatment Facility

Foundational
Public Health
Services
including
Tribal
Foundation
Public Health
Services

Background:

For the last six years DOH has been coordinating the efforts to create a strong governmental public health system in Washington State. Recommendations have been developed by the FPHS Steering Committee to fill in gaps in public health funding by creating ongoing funding to save long-term costs, prevent public health disasters, and increase Statewide capacity to deal with public health issues quickly and effectively. \$296 million was the FPHS Budget Request that went to the Governor's office, including the \$1.2 million line item for tribal epidemiology centers and the American Indian Health Commission to assess and develop guidance on public health integration. The Governor's budget only included on \$22 million funding to FPHS.

Ask: Support FPHS Legislation requests to for \$100 million ongoing funding for the next biennium. Tribes and UIHPs are requesting an additional \$10.8 million over the biennium in one-time funds to fund advancements in capacity and infrastructure across the I/T/U system of care that create linkages and working collaborations with Washington State's existing public health systems.

Tribal Representation on Washington Emergency Management Council

Background:

Washington State Tribes currently have no representation on the Washington Emergency Management Council.

Tribes have been working with Local Health Jurisdictions (LHJ) throughout the State on Mutual Aid Agreements and Cross Jurisdiction Coordination Plans to ensure the ability to work together in Public Health Emergencies.

Lack of Tribal Representation was identified as a gap during the Tribal Public Health Emergency Preparedness Conference
May 18, 2018

Legislation was proposed by the conference attendees.



Please contact me with
questions or comments:

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Thank you for your support!