



AIHC Delegates Meeting Minutes

03/12/2026 9:00 AM PDT to 4:00 PM PDT

American Indian Health Commission
Chehalis Tribe Community Center - InPerson

Meeting Materials

1. [3.12.2026 AIHC Delegates Zoom Chat](#)

2. **3.12.2026 Zoom**

Recording: https://us02web.zoom.us/rec/share/08j9DNpQUIM0CcCm7bU7egrE25r3lcsVMDLb4ynun5okviiJj6rktiM934xosMi9.r2Xo3_zdWRIOWYNB

Passcode: +NBD8LC2

3. [3.12.2026 Participant List](#)

I. Welcome/Opening Blessing

Presented By Steve Kutz

- A welcome message is delivered by Maureen Kinley, including a blessing to guide the meeting's direction for the betterment of the community.

II. AIHC Business

A. [Establish Quorum](#)

Presented By Maureen Kinley

- The roll call is conducted to confirm the presence of representatives from various tribes and organizations.
- It is confirmed that there is a quorum present, allowing the meeting to proceed.

B. Approve [December 3, 2025 Meeting Minutes](#)

Presented By Steve Kutz

- Motion - There was a motion by Lummi to adopt the minutes from the December 3rd, 2025 meeting.
- The motion to adopt the minutes was seconded.
- Decision - The motion to adopt the minutes was passed unanimously, as indicated by multiple affirmations of 'aye'.

C. Approve Today's Agenda

Presented By Steve Kutz

- Motion - It was proposed by Jamestown to adopt the agenda for March 12th with amendments.
- Second - A motion was seconded by Lummi.
- Decision - The motion for the amended agenda was passed, as indicated by multiple affirmations of 'aye'.

D. Approve [AIHC Financial Report](#)

Presented By Terra Horton/AIHC

- A presentation on financial reports took place, covering the 2025 profit and loss report and funding sources for 2026.
- In 2025, the gross income was slightly above \$4.3 million, with federal grants accounting for over \$750,000. Expenses amounted to \$3.6 million, with the majority of funds allocated to program staff and consultants.
- For 2026, grants are expected to total \$1.3 million, with funding primarily from state and local sources such as the Department of Health and CDC Foundation.
- Discussion indicated that finalizing and closing the 2025 budget is pending, and an audit will be conducted within the year.
- The CDC grant for tobacco prevention is expected to be part of the funding, but contracts remain unsigned.

- Motion - A motion was made to approve the 2026 budget by Swinomish .
- Second - The motion was seconded by Lummi.
- Decision - The motion to approve the 2026 budget was carried following a favorable vote.

III. Governor's Office of Indian Affairs- HR1 Updates

Presented By Christina Diego, Director of Health and Social Services Policy and Legislative Affairs, GOIA

Christina Diego shared the HR1 Workgroup had its first meeting and discussed issuing guidance to states on identifying American Indian and Alaska Native Medicaid individuals.

A. [Department of Health HR1 Updates](#)

Presented By Amber Arndt

- The Department of Health (DOH) provided updates on HR1's impact, including health services, emergency medical services, sexual and reproductive health, and environmental health services.
- HR1 includes a provision blocking Medicaid reimbursement for reproductive health services provided by Planned Parenthood, creating impacts on access to services.
- SNAP-Ed program was eliminated, impacting food security. The program had employed 186 full-time employees statewide, reaching about 749,000 Washingtonians.

- Environmental impacts include the termination of Environmental and Climate Justice Lock Grants, resulting in over \$7 million in terminated grants and loss of funding to address contamination in Lower Yakima Valley.
- DOH has created a federal landscape readiness group to coordinate communications and prepare contingency plans.
- DOH has established a federal grants tracker to monitor terminated funding.
- A tribal engagement plan for HR1 rulemaking is in place.
- NIHB worked with tribes on a comment letter regarding HR1's proposed student loan cap rules, aiming to expand the definition of 'professional student'.
- General Welfare Exclusion (GWE) regulation should not be considered as income and impacts how programs, including SNAP, define it.
- Councilman Josh Cable is drafting a letter regarding the General Welfare Exclusion (GWE) regulation.

B. DSHS HR1 Updates

Presented By Babs Roberts, Bea Rector

- Discussion on upcoming changes in Medicaid program due to HR1, focusing on 4,400 clients of DSHS who will be subject to work requirements unless exemptions apply.
- DSHS committed to work with families and communities to sustain services amid these changes taking effect at the end of the year.
- About 20,000 legal immigrants in Washington will lose Medicaid coverage under HR1 beginning October, impacting approximately 2,700 individuals receiving long-term care or DD services.
- Legislature funded state general funds to preserve services for 1,200 individuals expected to lose coverage, prioritizing those in residential settings and with severe needs.
- DSHS has communication plans to inform affected immigrants about loss of coverage and available state-funded slots, including creating an FAQ.
- Changes in SNAP as per HR1 include increased state costs for federal benefit amounts and changes to SNAP work requirements affecting over 126,000 individuals.
- Tribal consultation on SNAP changes is ongoing, with formal consultation planned to discuss impacts on tribal communities.
- Refugees and other categories losing eligibility for federal SNAP, shifting to state-funded food assistance with no need for reapplication.

C. Health Care Authority HR1 Updates

Presented By Melissa Rivera, Jaron Heller

- Discussion of HCA approach for implementing HR1 impacts on Apple Health and Medicaid, including work requirements starting January 2027.
- Apple Health for Adults will require either work requirements or exemptions starting January 2027, impacting about 587,000 individuals.
- Exemptions criteria for work requirements detailed, including exemption for tribal members and analysis on caseload impacts.

- Concerns raised over inquiries about Canadian tribal members and potential use of treaty status to bypass work requirements.
- Discussion about legal status and rights under Jay Treaty for individuals from Canadian tribes, recognized as lawful permanent residents.

D. Washington Health Benefit Exchange

Presented By Charlene Abrahamson

- Presentation by the Benefit Exchange focusing on collaboration with HCA and DSHS on HR1 impacts and technology strategy planning
- Vicki shared that the Cascade Care Savings proposed in governor's budget to alleviate healthcare costs, expecting \$55 million for plan year 2027.

E. Q&A and Closing

IV. State Agency Updates

A. Health Care Authority

- The Healthcare Authority's Office of Tribal Affairs (OTA) introduces the staff and their roles, emphasizing the expansion of the team from 10 to almost 20 members over three years.
- Vicki Lowe highlights the importance of the No Wrong Door policy within the OTA, ensuring anyone who contacts the office will be directed to the appropriate staff member with expertise.
- Introduction of various OTA staff members with their respective roles and areas of expertise, including Jeron Heller, Chrissy Winn, Henry Roy, Julie Hutchinson, Maddie Wrolson, Raina Peone, Annette Squetimkin-Anquoe, and others.
- The OTA staff members demonstrate their commitment by introducing themselves and describing their roles and contribution to Tribal Affairs.
- Discussion on upcoming recruitment for positions, specifically in Tribal Mobile Crisis Response and the Health Transformation Project Coordinator role, highlighting the ongoing growth and staffing needs.
- Vicki Lowe announces the allocation of \$8.2 million for Tribal/UIHO projects and \$2 million to establish the Native Hub as part of the Medicaid Transformation 2.0.
- Vicki Lowe discusses the importance of ongoing communication and collaboration with tribes to effectively manage Medicaid Transformation efforts and other projects.

B. Department of Health

Presented By Candice Wilson, Amber Arndt, Kathy Pierre

- The Secretary of Health has completed a 100-day tour focusing on key streams like healthcare, public health, system planning, health justice, and data sharing. There is an ongoing commitment to engaging with tribes and tribal leaders, with requests for notifying about upcoming events.

- A legislative update was provided, marking the end of the session and recapping the introduction of over 1,400 bills, with analyses conducted on 300 bills. As of the previous day, 192 bills were passed, with 15 signed into law.
- Agency request legislation for OTP accreditation and Prevention Services has passed, thanks to tribal efforts. The OTP accreditation bill depended on identifying opioid settlement funding.
- A work group on notifiable conditions has been established, aiming to ensure all parties understand the implementation requirements.
- Regarding the 340B drug pricing program bill (SB5981), it was clarified that it had been delivered to the governor who has 30 days to sign, with an expected positive funding balance of \$606,000.
- Discussion on Foundational Public Health services funding highlighted potential shortfalls, but emphasized the protection of tribal funds from redistribution.
- Cheryl Pickering, long-serving tribal liaison for the WIC program, will retire at the end of March after 30 years of service. Her contributions, especially in maternal and child health, were warmly acknowledged.
- A request was made to ensure that tribal workers receive proper workplace safety support through HEAL Act funding in light of climate change impacts.

The slide deck includes the following topics:

- 1. Immunization Road Map Update**
- 2. Tribal Data Sharing Agreements**
- 3. FIFA Epidemiology Resources**
- 4. WISEWOMAN**
- 5. Vaccine Update**
- 6. Dementia-Friendly WA Action Plan**
- 7. Care-a-Van Update**
- 8. Executive Order 25-10 Update**
- 9. DOH Updates & Closing**

C. [Washington Health Benefits Exchange](#)

Presented By Charlene Abrahamson, Tribal Liaison

- Charlene Abrahamson discussed federal changes affecting health insurance markets, including expiration of enhanced premium tax credits leading to higher costs and fewer eligible individuals.
- Discussion on shorter enrollment periods, eliminating federal subsidies, and removing APTC repayment caps, impacting enrollment and administrative burdens.
- Charlene elaborated on the reduction in coverage numbers, anticipating further enrollment losses, and strategic implementation efforts to retain coverage.
- There was a discussion about tribal data governance, emphasizing the importance of augmenting internal understanding before engaging in discussions.

D. Office of the Insurance Commissioner

Presenter: Larry Robinette, OIC Tribal Liaison

- Larry Robinette, representing the Office of Insurance Commissioner (OIC), presented updates including the newly developed Tribal Relations webpage, praised the IT staff, and outlined the OIC's roles in consumer protective assistance, insurance education outreach, and assistance with legislation for insurance regulations, resolving issues like denied claims.
- The OIC's involvement in recent flooding issues was discussed, highlighting assistance in filing claims.
- Larry mentioned a health bill, 2242, related to preventive services, recently signed into law.
- Discussion about self-insured individuals and their capability to change their own insurance plans contrasted with the cost aspect of fully insured or supplemental insurance.
- Discussion of the Balance Billing Protection Act (BBPA), which addresses out-of-network billing for ground ambulances, indicating consumers cannot be billed for outstanding balances if out-of-network.
- Mental health and substance use coverage changes were discussed, as it pertains to the Mental Health Parity Act and Addiction Equity Act, MHPAEA, and OIC's rule making to implement it.
- Request to Larry Robinette for meeting to discuss tribal addendum and issues with insurance plans in dealing with tribal people.
- Vicki Lowe explained federal law (25 USC 1621e) allows tribal clinics to be paid without contracting with insurance companies, seeking streamlined processes for grievances with insurance carriers.
- Larry Robinette mentioned federal and state codes governing insurance claims and the potential for class-action like dealings with carriers for denied payments.

E. DSHS

Presented By Tim Collins, DSHS

- Tim Collins provided updates from DSHS, mentioning the ongoing aggressive implementation of Executive Order 2510, and express willingness to provide updates on actions being taken, such as changes in training, contracting efforts with Indian Nations, execution of AAA agreements, and data-sharing efforts.
- The discussion highlighted efforts towards tribal welfare through a workgroup and anticipated tribal consultation alongside open communication with individual tribes to address specific challenges and system interactions.
- Future expansion of bill work is anticipated with increased collaboration across sister agencies and tribes, aiming for greater integration in forthcoming sessions.
- A suggestion was made to assess California's legislation exempting tribes from certain governmental welfare programs, with Tim Collins committing to investigate further.

- EPIC's benefits include advanced reporting and billing infrastructure, despite challenges like customization limits and costs. Discussions also touched on AI integration within EPIC and its implications.
- Participants discussed previous and ongoing implementations of EPIC across various tribes, sharing both pros and cons experienced.
- A suggestion was made to collectively press IHS and HHS for a portion of funds from the new PATH EHR system for tribes transitioning to EPIC.
- Several tribes are planning or have implemented EPIC as their EHR system, suggesting that collaboration and shared experiences would benefit all parties involved in conversions.
- A proposal was made to discuss potential collaborative negotiations with the Healthcare Authority to reduce costs for tribal groups using EPIC.

V. Lunch

VI. Tribal Update: Chehalis EPIC Implementation

Presented By Kim Coombs, Beth Klatush, Caytee Cline

- An extensive presentation was made on challenges and advancements in implementing EPIC as the new Electronic Health Record (EHR) system replacing RPMS. The efforts involved interconnectivity, data sovereignty, improving revenue cycles, and a significant organizational-wide collaboration.
- EPIC's benefits include advanced reporting and billing infrastructure, despite challenges like customization limits and costs. Discussions also touched on AI integration within EPIC and its implications.
- Participants discussed previous and ongoing implementations of EPIC across various tribes, sharing both pros and cons experienced.
- Several tribes are planning or have implemented EPIC as their EHR system, suggesting that collaboration and shared experiences would benefit all parties involved in conversions.

VII. WA State Board of Health Hearing on Tribal Representation On Local Boards of Health

We will join the SBOH Meeting to participate:

Rules Update on Chapter 246-90 WAC Local Board of Health Membership – Tribal Representative

<https://sboh.wa.gov/sites/default/files/2026-03/Tab01a-WSBOH-Agenda-2026-03-12-Final.pdf>

- This group was unable to join the SBOH meeting due to time constraints.
- Discussion on the rule that allows tribes to be represented on local boards of health. It was noted that some local boards have modified their bylaws and rules to place tribes on committees instead of the main board, impacting voting rights on specific matters such as budgets.

- The State Board of Health is creating rules regarding tribes being placed on local boards of health. House Bill 1946 went into effect on July 27, 2025, and current informal comments on rulemaking ended on March 1, 2026.
- In a current system, if a tribe wants representation on a local board of health, they notify a designated contact (Vicki) who forwards the candidate's name to the local board.
- Urban health programs are also required to be on boards despite some counties showing resistance due to poor historical relationships with tribes.
- There is ongoing discussion about tribal members receiving notifications about conditions on their reservations, emphasizing the need for tribes to be informed about public health issues involving or affecting their members.
- Formal rulemaking procedures will involve a CR102 filing and a public hearing on June 4, 2026, with final adoption of the rules by June 27, 2026.
- It is emphasized that tribes need to actively participate in the comment period to address any issues they have faced with local boards.
- Jessica McKee announced a tabletop exercise on March 31 focusing on communications and policy in a novel bird flu scenario, inviting tribal delegates, emergency managers, and Urban Indian Health programs.
- Participants are encouraged to register for the tabletop exercise, which is part of a two-part series aimed at policy changes and practical exercises involving local departments of health.

VIII. [DCYF Update](#)

Presented By Shannel Squally-Janzen

- DCYF is holding Positive Indian Parenting train-the-trainer courses throughout Washington State, with the next session hosted by Colville from May 19th to the 21st.
- National Indian Child Welfare Association train-the-trainer courses expansion is highlighted as part of ongoing efforts for culturally relevant parenting programs.
- State agreements and contracts are being initiated with four tribes and American Indian organizations to provide Positive Indian Parenting classes. The state will reimburse these entities despite the program not being evidence-based yet.
- Family Unification program vouchers are available through the state for housing. These are designed for families reuniting or facing housing barriers, and DCYF facilitates applications for these vouchers.
- DCYF has created a tribal-specific housing resource guide to help state people understand the various tribal services available, highlighting the lack of awareness among the state entities about tribal housing services.
- Efforts are being made to work with Help Me Grow to see how families can be notified about referral pathways to Plan of Safe Care.
- A new Director of Office of Tribal Relations is being hired by DCYF, with 60 candidates having applied, and the process is in its final stages.
- Updates on federal visits with various government offices to discuss self-governance expansion, health, housing, and jurisdictional challenges in the fentanyl crisis.
- Discussion on ensuring IHS restructuring does not create additional barriers for self-governance, and the need for a separate division of tribal affairs within the system.

IX. AIHC Executive Committee Updates

Presented By Steve Kutz, Summer Hammons, Maureen Kinley, Sarah Sullivan, Linda Lauch

- There is an upcoming national consultation regarding the national stockpile, highlighting intergovernmental coordination on resources.
- Updates on federal visits with various government offices to discuss self-governance expansion, health, housing, and jurisdictional challenges in the fentanyl crisis.
- Discussion on ensuring IHS restructuring does not create additional barriers for self-governance, and the need for a separate division of tribal affairs within the system.
- Budget consultation with HHS, scheduled for April 21st and 22nd, is moving forward-emphasizing the importance of tribal presence and representation.
- Legislative updates include efforts to improve tribal data sovereignty and address tribal allocations in reporting practices for notifiable conditions.
- Action needed for a June summit to celebrate Marilyn Scott's contributions at to all American Indians and Alaska Native in Washington State.
- Summit and the delegation meeting will be held in September, potentially splitting focus across various health-related topics including behavioral health, opioid responses, and public health. [2026 AIHC Summit Save the Date Flyer.png](#)

X. Legislative Updates/Outcomes

Presented By Vicki Lowe, Heather Erb, Maria Ness, Ashley Lowe-Thaens

XI. Closing

- Vicki Lowe thanked Cayte Cline's office for supplying coffee and the Chehalis Tribe for providing pillboxes as takeaway items for attendees.
- Acknowledgement of the hard work accomplished last year and the inclusive approach needed for upcoming goals.
- Encouragement for attendees to bring mentees to future meetings to foster learning and continuity.
- Closing remarks including a prayer by Steve Kutz expressing gratitude for the work done, support for communities, and guidance in decision-making.
- Announcement about an Evergreen elected tribal official academy training, highlighting its value for health directors in understanding tribal sovereignty.

Next Steps identified by Zoom:

- Tim Collins: Check with contacts in California regarding state laws exempting tribes from General Welfare Exclusion (GWE) and gather information on their legislation for possible use in Washington.
- Vicki (and/or relevant staff): Set up a meeting between Maureen (Lemmy Nation) and Kim (Chehalis) and team to discuss EPIC implementation and ensure fair treatment in contracting.
- Jessica: Continue planning and host the tabletop exercise on March 31st, 9am-12pm, and send out the registration/invite to interested parties.

- Amber (DOH) and Vicki: Set up a notifiable conditions work group to discuss improvements to the process for tribes accessing notifiable conditions data in DOH systems.
- Vicki (and/or relevant staff): Work with Department of Health to arrange training for tribal staff on the WDRS investigative package for notifiable conditions.
- Ashley Low3-Thaens (Legislative Administrator, AIHC): Track SB 62319 for next year's legislative session and prepare to address child welfare investigation and tribal notification issues.
- AIHC staff: Continue planning for June quarterly meeting (June 9-11) and September summit, including coordination with Marilyn Scott for a retirement celebration and finalizing locations.
- All interested tribes: Submit comments and participate in the State Board of Health public hearing on June 4th regarding rules for tribal placement on local boards of health.
- Vicki (and/or relevant staff): Send out the HHS OIG report on Medicaid claims and 100% FMAP to tribal leaders for review.
- All interested tribes: Register and participate in Evergreen's Elected Tribal Official Academy training for health directors and elected officials.
- Chanel Squally Jansen (DCYF): Meet with every tribe to determine preferred methods for notification when tribal families are referred via Plan of Safe Care, and send out a Dear Tribal Leader letter to coordinate this process.
- Chanel Squally Jansen (DCYF): Send out invites for upcoming Positive Indian Parenting tribal engagement sessions and DCYF Child Welfare Housing Desk Manual sessions to interested parties.
- AIHC staff: Continue to offer and expand tribal sovereignty trainings to state legislators and agency leadership, including coordination with Evergreen faculty.
- AIHC staff: Work in the interim to support legislation related to sale of Kratom for next year's session.
- Tribes interested in EPIC/OCHIN collaboration: Coordinate with other tribes to explore group purchasing or partnership for better pricing and shared learning.
- Tribes implementing EPIC: Share experiences, pitfalls, and best practices with other tribes considering or implementing EPIC, including coordination on IT and claims processing.
- Tribes and Urban Indian Health Programs: Register for and participate in the March 31st tabletop exercise on novel bird flu scenario and communications.
- Tribes: Submit informal and formal comments during State Board of Health rulemaking process regarding tribal representation on local boards of health.
- Tribes: Send staff to the April 21-22 HHS budget consultation in Washington, DC, to represent tribal interests in IHS funding and self-governance.
- Tribes: Consider bringing staff to mentor at future meetings to support leadership development and knowledge transfer.

XII. Executive Session (if needed)