



## Indian Health Service

### **National Congress of American Indians 68<sup>th</sup> Annual Convention**

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### *Remarks*

by

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Good afternoon. I am Dr. Yvette Roubideaux, Director of the Indian Health Service (IHS). I am very pleased to have the opportunity to provide an update for you today on how we are changing and improving the IHS. I am grateful for all that you do for the health of American Indians and Alaska Natives and for your partnership with the IHS.

I would first like to provide an update on the IHS budget, as we all know that the budget is a huge factor in how we are able to change and improve the IHS.

You may remember we got a 13% increase in the IHS budget in fiscal year (FY) 2010, which was a great help to all of us. In FY 2011, while the President proposed a 9% increase, the congressional debate on the budget and the near government shutdown resulted in Congress passing a Continuing Resolution through the end of the fiscal year, with only a 0.4% increase (about 17 million) for IHS. We did fare much better than most other agencies that received millions of dollars in cuts. However, you likely know that we need an increase of at least \$200-300 million each year to maintain current services.

The budget for FY 2012 is still in progress. The President proposed a 14% increase for IHS, then the House proposed a 10% increase, and just recently the Senate proposed a 5% increase. We are currently on a continuing resolution until November 18. Congress is still talking about budget cuts, and the congressional super committee is meeting on a plan for further deficit reduction. We don't know at this time where we will end up for the rest of FY 2012, but we will keep you posted.

We are in the middle of the FY 2013 budget formulation process with the Department of Health and Human Services (HHS) and the Office of Management and Budget (OMB), and we have

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been promoting the tribal priorities from our budget formulation process. We will learn the outcome of these deliberations with the announcement of the President's budget in February.

We are also ready to begin the FY 2014 budget formulation process. I hope you participate actively in making recommendations in the Area budget formulation meetings this fall. I do consider the national recommendations as well as the recommendations from all IHS Areas in our budget formulation process to make sure we take into account the priorities of Tribes from all Areas.

I have been working aggressively with HHS, OMB, the White House, and Congress to advocate for the IHS budget. We have to do everything we can to take advantage of the immense support we have right now.

I would like to mention a few things about our progress on IHS priorities, and then will answer some questions.

In terms of our first priority, to renew and strengthen our partnership with Tribes, we have continued implementation of tribal recommendations for improvements in our tribal consultation process. We are making improvements in our communication about consultations, including the information on our website, and are looking at ways to ensure we make all our workgroups and committees more effective and efficient. Our Tribal Consultation Summit in July – the one-stop shop for information on our tribal consultation activities – received a good evaluation, and we plan to hold another one soon. I am starting to hear that in addition to our national consultation improvements, Tribes are seeing some improvements in Area and local consultation. We still have much to do, but it was our goal this year to focus on improvements at the Area and local levels, so let me know if you are seeing improvements.

We should be communicating with you soon on the outcomes of a few of our active consultations, including the final recommendations from the Improving the Contract Health Services (CHS) workgroup, the final decision on whether to make improvements to the Indian Health Care Improvement Fund formula, the final data sharing agreement between IHS and the Epidemiology Centers, and the final recommendations on Information Technology shares. New consultations for IHS include evaluation of the 2007 Contract Support Costs policy, and for HHS, a consultation on expansion of tribal self-governance in HHS beyond IHS. Secretary Sebelius also recently sent a letter to States encouraging them to consult with Tribes on programs that receive federal funding from HHS.

In terms of our second priority, to reform the IHS, we have made progress on implementation of both the Affordable Care Act (ACA) and the Indian Health Care Improvement Act (IHCIA), and on our internal IHS reform efforts. Tribes have submitted comments on the Notice of Proposed Rulemaking for the State Affordable Insurance Exchanges. The Exchanges are now, starting in 2014, individuals and small businesses will be able to purchase more affordable insurance and get access to the Medicaid expansion. And HHS recently announced that it is willing to work with Tribes and Congress on a legislative solution to address the non-uniformity of definitions of "Indian" related to the ACA.

I recently held a discussion session at the National Indian Health Board (NIHB) Annual Consumer Conference on the new delivery system reforms and payment reforms. These reforms will mean our facilities must improve their ability to demonstrate quality in order to maximize their reimbursements. We have a lot to do to prepare for the ACA provisions that go in place in 2014. I know that tribal leaders get questions on the ACA all the time from their members who are wondering how it will impact them. That's why I have provided funding to NIHB, the National Congress of American Indians, the National Council of Urban Indian Health, and all IHS Areas to

work with health boards on outreach and education on what is in the new law. I encourage you to go to [www.healthcare.gov](http://www.healthcare.gov) to learn more about the ACA.

In terms of the reauthorization of the IHCA, we are still working hard to implement the provisions that we can within available resources and have published a table summarizing our progress. Today I would like to provide an update on two important IHCA implementation updates. First, the Office of Personnel Management recently posted on their website an update on their implementation of the Access to Federal Insurance provision in the IHCA. This includes Federal Employees Health Benefits (FEHB) and Federal Employees Group Life Insurance coverage. Tribes, tribal organizations, and urban Indian health organizations can begin purchasing FEHB coverage for their employees in Spring 2012, with the earliest effective start date to be May 1, 2012. A tribal technical workgroup is scheduled to meet November 8, 2011, to help with implementation details. Second, we are working with the Department of Veterans Affairs (VA) to develop a reimbursement agreement for the VA and HHS by the end of the year. We welcome any input you have on how you think this should work, and we will be formally consulting with Tribes soon.

In terms of internal reform of IHS, we continue to improve our business practices, such as financial management, human resources, and performance management. For example, we have reduced average hiring times from 140 days to 81 days and are continuing to make improvements to the hiring process. We are continuing to make improvements in response to the recommendations of the Senate Committee on Indians Affairs investigation of the Aberdeen Area and are in the middle of conducting IHS Area reviews to make sure the findings are not occurring elsewhere. We are responding to the recommendations from the Government Accountability Office on unmet need for the CHS program, and we are incorporating their recommendations into the work of our Tribal Federal Workgroup on Improving CHS. You may have noticed that we have been able to pay for more CHS referrals due to the increase in funding we received in FY 2010, but it is clear there is still significant unmet need.

In terms of the third priority, to improve the quality of and access to care, we continue to promote better customer service and to implement the Improving Patient Care initiative to create a medical home for our patients. And this year, for the first time, both IHS and tribal programs met all of their clinical Government Performance Results Act indicator targets, thus demonstrating quality care and good use of federal resources. Our Special Diabetes Program for Indians, Methamphetamine Suicide Prevention Initiative, and Domestic Violence Prevention Initiative are continuing to show great outcomes from their work.

I hope you all heard that the Health Resource and Services Administration (HRSA) approved IHS, tribal, and urban Indian health sites for the National Health Service Corp loan repayment and scholarship programs, and we all must make sure we benefit from the increased number of healthcare providers that will be available to work in underserved areas. I sent a letter out with instructions previously to make sure HRSA has your updated information. We also continue our work with the Centers for Medicare and Medicaid Services on accreditation and certification, an important marker of quality, and implementation of the VA-IHS Memorandum of Understanding to improve coordination of services for veterans eligible for both IHS and the VA. I have asked all of my Area Directors to meet with the VA's Veteran Integrated Services Network directors and with Tribes to help improve coordination of services for the American Indian and Alaska Native veterans we serve.

In terms of the fourth priority, to make all our work transparent, accountable, fair and inclusive, we continue to try ways to communicate more about what we are doing. I just found out that in the past 3 months, my Director's blog had over 10,000 hits on our website from over 8,800

unique visitors. I continue to use it to provide the first access to the most current announcements and information.

We are doing a better job holding employees and programs accountable through a better performance management and overall program management process. And I do everything I can to factor in the needs of all Tribes, both direct services and self-governance, in my decision-making.

I recently posted an email on my Director's Blog on some of our accomplishments in FY 2011 – I hope you get a chance to review it. I do think we are making progress on changing and improving the IHS, but we clearly have more to do. I look forward to continuing to work in partnership with Tribes to make improvements and advocate for the resources we dearly need.

While the future may seem uncertain, we know that right now, we have incredible support and the opportunity to work together to make lasting improvements and changes. Thank you for your partnership with the Indian Health Service and have a great meeting.