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## HOUSE PASSES ECONOMIC STIMULUS PACKAGE

**Today the House passed H.R. 1 The American Recovery and Reinvestment Act by a vote of 244-188.**

The Indian health provisions that were included in H.R. 1 are:

- **Protection of Indians from premiums and cost sharing under Medicaid and CHIP**

This provision would prohibit the assessment of any premium, and any form of cost sharing (such as a co-payment) on an Indian who is served by an IHS, tribal or urban Indian organization (I/T/U) program and who is enrolled in Medicaid or CHIP. The prohibition extends to such an Indian served through a Contract Health Services program as well. If enacted the provision would become effective October 1, 2009.

- **Exemption of certain Indian property from consideration for Medicaid and CHIP eligibility**

To be eligible for Medicaid and CHIP, an individual's resources must be below certain levels set out in the law. The purpose of this provision is to exempt from the term "resources" property connected to the political relationship between Indian tribes and the Federal government (such as reservation property and natural resources), and property with unique Indian significance (such as property with religious, spiritual or cultural value).

- **Continuation of protection of certain Indian property from Medicaid Estate Recovery**

The Medicaid law requires States to seek to recover costs of care provided to a deceased Medicaid beneficiary from the individual's estate. Several years ago, the Centers for Medicare & Medicaid Services (CMS) used its administrative authority to exempt certain Indian property from the estate recovery

requirement in order to remove a disincentive for eligible Indians to enroll in Medicaid. The types of Indian property exempted from estate recovery are currently only described in the Medicaid Manual, and administrative document. The proposed legislation would elevate the Manual provision to the status of law. This Medicaid Manual provision served as the model for the types of Indian property exempt from consideration as "resources" for Medicaid and CHIP eligibility in the provision described above.

- **Tribal consultation on Medicaid and CHIP**

**TTAG.** This provision requires CMS to maintain the Tribal Technical Advisory Group (TTAG) chartered by the agency in 2003 to receive policy guidance from tribal representatives on issues involving participation by individual Indians and Indian health programs in Medicare, Medicaid and CHIP.

**State consultation.** This provision also requires that any State in which an IHS, tribal or urban Indian organization program is located must consult with representatives from those programs on Medicaid and CHIP matters that are likely have a direct effect on the I/T/U programs. The consultation requirement extends to proposed Medicaid amendments, waiver requests and demonstration proposals, and is to occur before the State's proposal is sent to CMS.

The Senate is scheduled to take up economic stimulus next week. Congress would like to have the final bill sent to President Obama before President's Day, February 16.

**THIS WEEK ON THE HILL:**

**Wednesday:**

House :

- H.R. 1 American Recovery and Reinvestment Act of 2009
- S. 328 To delay the Digital Television Transition until June 13, 2009

Senate :

- H.R. 2 Children's Health Insurance Program Reauthorization Act

**Thursday:** No votes scheduled

**Friday:** No votes scheduled



## SCHIP Passes the House and Debate Continues in Senate

SCHIP passed through the House January 14, 2009 with a 289-139 majority. H.R. 2 was introduced Tuesday, January 13, 2009 and went straight to the House floor for a vote on Wednesday. Two provisions for Indian Country were included in the Bill. These provisions are the **acceptance of tribal enrollment documents as proof of U.S. citizenship for Medicaid and CHIP and increased outreach and enrollment of Indians in Medicaid and CHIP.**

Section 211 allows for the acceptance of tribal enrollment documents as proof of U.S. citizenship for Medicaid and CHIP. Documents issued by a Federally-recognized tribe evidencing membership or affiliation is proof that the individual is a U.S. citizen for purposes of eligibility for Medicaid and CHIP. Such a document would be given "tier 1" status, the highest possible document status, for demonstrating U.S. citizenship. With regard to tribes located in a state with an international border (Canada or Mexico) which admit

non-U.S. citizens as members, the HHS Secretary is directed, after consultation with affected tribes, to issue regulations regarding presentation of additional forms of documentation (if any) which the Secretary determines to be necessary for members of those tribes. Any such other documentation may be tribal documents. Until any such regulations are issued, however, an enrollment document issued by a tribe in a border state will be accepted as satisfactory proof of U.S. citizenship. The provision in the CHIP bill would correct the situation in the way tribes have sought.

Section 202 encourages States to provide for Medicaid and CHIP enrollment on/near reservations, including stationing eligibility workers there and to enter into agreements with IHS, tribes, tribal organizations and urban Indian organizations to provide enrollment and translation services. The provision also allows states to pursue enrollment of Medicaid and CHIP-eligible children

by exempting the costs of outreach to Indian children from the 10% cap the law places on federal funds that can be used for CHIP outreach.

Another provision of the bill makes IHS, tribes, tribal organizations and urban Indian organizations eligible for direct Federal grants for Medicaid and CHIP outreach programs.

A similar but not identical bill was favorably reported by the Senate Finance Committee January 15 and is currently being debated on the Senate floor.

### Better Know Congress

Did you know that there are 15 medical doctors in Congress?

## NIHB Board of Directors Elects Reno Keoni Franklin as the New Chairman

The National Indian Health Board (NIHB) is pleased to announce that Mr. Reno Keoni Franklin was elected as the new Chairman of the Board by the NIHB Board of Directors on January 9, 2009. Former Chairman H. Sally Smith expressed her confidence in Mr. Franklin as he takes over leadership of the NIHB into a new year and a new Congress.

Mr. Franklin is a member of the Kasha Band of Pomo Indians and the elected Health Delegate for his tribe. Mr. Franklin's family comes from the villages of Du ka shal and Aca Sine Cawal Li. He was raised in a traditional Kasha Family and taught from birth the tools he would need to make it through this life. Mr. Franklin has spent the last five years on the Board of Directors of

Sonoma County Indian Health and the last two on the executive board at CRIHB. He comes from a Fire Fighter/EMT background, having spent a number of years in that field and graduating college with an AS in Fire Science. He has spent a large part of his life proudly serving his Indian community; it is a task that he takes very serious. Today, he works for his own tribe as a Cultural Resources Director, Fire Management Officer and is one of 68 Tribal Historic Preservation Officers in the United States and serves as the Chairman of the Board for CRIHB.

The Board Meeting was held in Washington, D.C. January 8-9, 2009 at the Smithsonian National Museum of the American Indian.



## Secretary-Designate Daschle Appears Before Senate Committee on Health, Education, Labor and Pensions

Secretary-Designate Daschle appeared before the Senate Committee on Health, Education, Labor and Pensions (HELP) January 8, 2009 to discuss and answer questions regarding his nomination as Secretary of Health and Human Services.

The health of Indian Country was raised in Daschle's opening statement and was continually discussed throughout the hearing. Statistics from Pine Ridge stunned members of the committee and highlighted the need to properly fund prevention programs and IHS.

Daschle plans to tackle health care reform and a top down review of the department. He plans to build partnerships and continually collaborate on finding solutions for problems with the department. In addition, the top items discussed during the hearing were increased access to quality health care, increased primary care providers through incentive programs, eliminating stovepipes within the Department of Health and Human Services, and Medicare reform as a part of health care reform.

The HELP Committee does not have jurisdiction over the Department of Health and Human Services; the Senate Committee on Finance has yet to schedule a hearing to confirm Daschle.

The NIHB looks forward to working with Secretary Daschle to improve the health and well being of all American Indians and Alaska Natives.

### Action Corner

**KEEP INDIAN COUNTRY IN THE STIMULUS!**

Contact your local Congressional representatives and ask them to continue to support Indian Country!

*Do you want to be a part of the NIHB grassroots network? Please contact Caitlin Wesaw at [cwesaw@nihb.org](mailto:cwesaw@nihb.org) for more information.*

## NIHB Legislative Director Named CMS Tribal Affairs Director

The NIHB is proud to announce that Legislative Director Kitty Marx was named Director of the Tribal Affairs Group at the Centers for Medicare & Medicaid Services. Executive Director, Stacy Bohlen, is confident that Ms. Marx will continue to work tirelessly to elevate Indian health just as she did at the NIHB. The NIHB looks forward to working with Ms. Marx in her new position.

**Congratulations Kitty!**

## New Committee Make-up Shakes up Senate Committee on Indian Affairs

Senator John Barrasso (WY) was named Ranking Member of the Senate Committee on Indian Affairs. Previous Ranking Member, Senator Lisa Murkowski (AK) stepped down as the top Republican of the committee to serve as the Ranking Member of the Committee on Energy and Natural Resources.



*Senate Committee on Indian Affairs during January 8, 2009 Hearing on Economic Stimulus in Indian Country*

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New and improved  
NIHB website coming  
soon!

## Senate Committee on Indian Affairs Committee Holds Hearing on Economic Stimulus

The Senate Committee on Indian Affairs held a hearing January 15, 2009 on *Job Creation and Economic Stimulus in Indian Country*. Chairman Dorgan (ND) and then-Ranking Member Murkowski (AK), were joined by their fellow Committee members Senator Barrasso (WY) and Senator Tester (MT). The Committee was also joined by their colleagues Senator Tom Udall (NM) and Senator Begich (AK).

Chairman Byron Dorgan opened the hearing by reiterating that Indian Country has some of the worst roads and the most out-dated schools and health facilities. He also highlighted the top ten poorest counties in the U.S., eight of which had AI/AN populations between 61-94%. Chairman Dorgan and fellow Committee members believe that the economic recovery plan provides an appropriate vehicle to improve the infrastructure of Indian Country while simultaneously improving the economies of Indian Country and the country as a whole.

The NIHB Chairman Reno Keoni Franklin provided testimony on behalf of all tribes on the inclusion of health infrastructure in

Indian Country in the economic recovery plans put forth for the President's signature. In addition to Chairman Franklin, Dr. Robert Middleton, Director of the Office of Indian Energy and Economic Development DOI; Jack Rever, Director of Facilities Management and Improvement DOI; Jacki Johnson-Pata, Executive Director of the National Congress of American Indians; Robin Butterfield, Vice President of the National Indian Education Association; and Julie Kitka, President of the Alaska Federation of Natives provided testimony before the Committee.

The NIHB applauds Chairman Dorgan and the Senate Committee on Indian Affairs for holding this hearing in such a timely manner and appreciated the opportunity to present testimony on behalf of all of the Tribes.



*The NIHB Chairman Reno Keoni Franklin testifies before Senate Committee on Indian Affairs*

