



American Indian Health Commission for Washington State

Meeting Minutes September 12, 2003 Seattle Indian Health Board

Call To Order

AIHC Vice Chair Cindy Lowe (Jamestown S'Klallam Tribe) called the meeting to order at 10:15 a.m. She stated that Chairwoman Marilyn Scott (Upper Skagit Tribe) and Secretary Whitney Jones (Squaxin Island) were unable to attend the meeting due to illness.

Invocation

Rose Purser (Port Gamble S'Klallam Tribe) offered the invocation.

Roll Call/Introductions

Following introductions from meeting attendees, Treasurer Rod Smith (Puyallup Tribal Health Authority) conducted the roll call. A quorum was established for the meeting, with 11 delegates present.

Review of Minutes

Rose Purser moved to approve the July 11, 2003, minutes. Motion seconded by Dennis Jones (Spokane Tribe). Motion approved.

Review of Agenda

Vice Chair Lowe reviewed the agenda and asked delegates whether they had any items to add (*Handout 1*). Hearing no changes, the Vice Chair Lowe proceeded to the next agenda item.

Sue Crystal Bill Discussion

AIHC Director provided a review of the Sue Crystal Indian Health Act (*Handouts 2A – E*).

No changes were offered to the draft ATNI and NPAIHB resolutions or to the briefing materials. Jim Roberts (NPAIHB) stated that the NPAIHB would be able to help with the legislative effort, since they have a lobbying fund. Emma Medicine White Crow (Washington Health Foundation) also offered to help as a private citizen.

Kris Sparks (DOH, Office of Community and Rural Health) stressed that it should be confirmed that funding does not need to be added to the bill. Becky Johnston stated that she would check with Bill Hagens, who drafted the legislation on this. Maria Gardipee (DOH Tribal Liaison) said that AIHC should be prepared to deal with any unfunded mandate questions. Jim Sherrill (Chehalis Tribe) asked how DOH currently receives the funding for the AIHC and Delivery Plan, and Ms. Sparks indicated that it gets lumped in with other community programs within her office's budget. She feels that it would be difficult to "pick off" the AIHC funding because it does not currently have a line-item.

There was a discussion about whether to amend the draft bill language to name DOH as the lead agency. Ms. Sparks indicated that DOH was not looking to lose responsibility. That decision, as well and the funding issue, was deferred to follow-up with Senator Thibaudeau.

The following individuals offered to pursue their Tribe's participation in a workgroup on the bill: Cindy Lowe (will check with Ron Allen), Jim Sherrill (will talk to his chair), Ralph Forquera, Fawn Tadios-Hawn (will check with Pearl Capoeman-Baller), Dennis Jones (will check with Bob Brisbois).

Health Care Authority Centennial Accord Update

HCA Tribal Liaison Jan Olmstead provided an update on the HCA's draft Centennial Accord plan (*Handouts 3A – B*). powerpoint. She was accompanied by Kathy Eberle (Basic Health), Sandi Lakey (Public Employees Benefits Board).

There was a discussion regarding the proposed comment deadline, in which HCA would like to get AIHC comments by September 26 and an endorsement, with a tribal mail-out on October 3 and tribal comments by October 17. Rod Smith stated that it will be difficult to get comments from tribes. AIHC will do a compilation of comments and send them to Jan, and will do an AIHC mail-out early next week. HCA will move the deadlines so that an endorsement may be considered at the AIHC annual meeting in November. In terms of an endorsement, Ms. Olmstead said that HCA is looking for general support.

Jim Sherrill stated that he likes the commitment to train staff and wording regarding consultation on policy changes. He said that an on-going annual/bi-annual process for revising document (like DSHS 7.01 policy) would provide opportunity for regular formal consultation and planning without limiting to when there are proposed policy changes.

LaVerne Lane-Oreiro (Lummi Nation) suggested that the consultation policy language that recognizes tribes as sovereign nations be strengthened to include the unique federal trust status of sovereign Indian nations.

Dale Nachreiner (Lummi Nation) said that using "CHS" as an acronym in the document is confusing.

Ralph Forquera (Seattle Indian Health Board) asked about including state-recognized tribes. Ms. Olmstead replied that the Centennial Accord specifically references federally-recognized tribes and that the issue would have to be brought up with the Governors Office of Indian Affairs.

Ms. Olmstead said that the Public Employees Benefits Board (PEBB) issue first came up at the May AIHC meeting with HCA Acting Administrator Pete Cutler. Rod Smith said that he is very pleased regarding PEBB possibility and that it is great to bring it up and have dialogue. He said that some tribes have been devastated by premiums and increased buying power would really help.

Cindy Lowe asked whether tribes can be new fiscal sponsors under Basic Health. Kathy Eberle responded that tribes can sign up so that they can start enrolling when the freeze is lifted. They can do paperwork now for being a financial sponsor entity. Two tribes have recently done this. That way, once the doors are open, they won't close again for new tribes under the current WAC. It appears that BH will be at the 100,000 enrollee mark around December-January, at which point wait list people can be released.

Cindy Lowe urged delegates to pick the new schedule of BH benefits if you have BHP patients because of new co-pays (*Handouts 3C – D*).

Kris Locke (AIHC consultant) commended HCA staff for the great job they have done in facilitating a relationship with tribes.

NPAIHB Update

NPAIHB policy analyst Jim Roberts provided an update on NPAIHB activities (*Handouts 4A – C*).

He said that the IHS budget formulation team met in late August to discuss process issues. NPAIHB will start using Secretary Thompson's One-DHHS initiative to tribe to identify other DHHS agencies where we can fund priorities. He said that they will work with the interdepartmental council to complement IHS funding. This will be a somewhat different way of doing things than in past years. In response to a question from Dale Nachreiner, Mr. Roberts stated that NPAIHB will continue to do its annual budget analysis documents.

He also provided a update on TTAG issues and the Medicare prescription drug bill, which currently is in conference. Rod Smith indicated the important of the TTAG and said that it can't be "willy-nilly." Mr. Roberts said that they are working on a resolution to have NIHB adopt the current interim TTAG as an advisory group.

Uniform Benefits Update

Kris Locke and Rod Smith provided an update on the AIHC uniform benefits project and workgroup (*Handout 5*).

Kris Sparks asked whether budget neutrality needs to be in same time period or whether it can be achieved through preventative activities that will save money down the road. Kris Locke said that she is not sure yet and that the next workgroup meeting will look at the intricacies of the waiver process.

Ms. Locke assured participants that, once a waiver is drafted, MAA will need to go through regular consultation process so there will be additional opportunity for tribes to comments outside of workgroup. Becky Johnston provided information about a dear tribal leader letter mailed September 11 inviting tribal participation in the workgroup and outlining a communications strategy for keeping tribes involved in the project.

Jim Roberts indicated that he discussed the project with IHS staff recently and that Elmer Brewster may look at freeing up some funds through IHS.

DOH Centennial Accord Update

DOH Tribal Liaison Maria Gardipee provided an update on the DOH Centennial Accord plan revisions (*Handout 6*).

She said that the new public health notice language in the draft plan are a result of the Yakima botulism outbreak. DOH has begun a dialogue with NPAIHB and AIHC on this issue, and AIHC is already on the listserv so that it can distribute information to tribes.

Ms. Gardipee also stressed the request of John Erickson to provide him with assistance on public health plan testing.

Kris Sparks provided a summary on Project HOPE and said that she wants to involve more tribes in it. LaVerne Lane-Oreiro recommended that she contact the Western WA Native American Education Consortium and the WA State Indian Education Association to help with outreach. Emma Medicine White Crow suggested that DOH might want to work with the NW Native Youth Conference, which had over 600 attendees last year.

LaVerne Lane-Oreiro suggested that DOH contact the National Indian Center for Marine Research and Education (at NW Indian College) regarding the shellfish and fish advisory issues in the draft plan. Any comments on the draft should be provided to Ms. Gardipee with any comments on proposed language. Ms. Gardipee stated that she will definitely contact them and engage in conversation.

Rod Smith commended the publicity received last week on the AI Health Care Delivery Plan. Ms. Gardipee stated that the press release was a good internal process at DOH and that it helped to educate people within the agency regarding AI/AN health issues.

Office of the Insurance Commissioner “Let’s Get Washington Covered”

Deputy Insurance Commissioner for Policy and Legislative Affairs Bill Daley provided information regarding Commissioner Kreidler’s “Let’s Get Washington Covered” task force. He said that the situation is so bad, there is opportunity to make progress on health care reform and insurance system. The cost of private insurance increasing at a huge rate 15 – 20 % annually and that the ability of public systems to pick up pieces of people who can’t be privately insured is not good.

Mr. Daley believe this will create political crisis in 2004 election and that politicians will be reaching out for solutions. Both sides of political spectrum need to focus on middle ground and on practical solutions that can be sustained over time.

OIC has quietly assembled the Let’s Get WA Covered task force of the economic interests that will decide this issue in Legislature – unions, hospitals, businesses, consumers, etc. The task force is trying to go through process to make recommendations to the coming session of Legislature on how to regulate private insurance market and reduce the number of uninsured in WA. He doesn’t want to be too optimistic. OIC is trying to get people out of ideological positions and look at information first, such as who are the uninsured and why are they uninsured. Mr. Daley believes that they can make a convincing argument to private insurers that they are indirectly paying for uninsured and hurting the health of those who are uninsured.

The Task Force has a small staff – economist, policy, legal – and meets monthly. They are currently doing computer modeling. If they reach consensus, it probably will be in October. OIC will hold public meetings and focus groups in November-December, and Mr. Daley hopes that tribes will watch for this. OIC hasn’t been publicizing the task force because of potential for political “jealousy.” He’d like suggestions on how to share communication on recommendations with tribes.

Dale Nachreiner asked whether the task force has a website. Mr. Daley said that the website is accessible through the OIC site and that it has a new research paper on the uninsured and fragmentation of marketplace. OIC has been concentrating on showing that 70% of uninsured are employed since that may be way to work with small businesses to help them insure their employees.

Cecile Greenway (Lower Elwha Klallam) asked whether the task force is looking at under-insured issues such as mental health and chemical dependency. Mr. Daley replied that this issue is a source of lively debate in the group and falls along business vs. consumer lines. A Senate bill last session looked at mandates – chiropractic, alternative medicine coverage. Under-insured issues will be difficult part of whatever emerges. There may be a way to provide set of mandates within a choice – e.g., can use your dollars to buy mental health coverage if that’s what you need. California is doing a pay-or-play bill but he is skeptical about whether that will be feasible politically in WA. OIC is trying to identify cost drivers (malpractice, drugs, etc.) as much as possible because they have driven competition out of marketplace and people into peril.

Dale Nachreiner asked how tribes fit it, especially since they are employers, insurers, and providers. Mr. Daley said that he isn’t sure. Commissioner Kriedler did meet with Ron Allen before the task force started, and Chairman Allen was interested in the catastrophic coverage issue. He said that, for AI/AN’s, there may be more of an availability issue than in other cultural groups, but breaking down cultural barriers may be way to reduce uninsured at very little cost. He also said that they would be looking at picking off pieces (raising age of coverage under parents, requiring college students to be covered, etc).

MAA Eligibility Changes

Wendy Forslin, MAA Division of Customer Support, provided an update on the eligibility changes for MAA programs as a result of 2003-2005 budget (*Handout 7*).

Cecile Greenway strongly suggested that clients be told that there is no reporting of people who are working under the table. Ms. Forslin indicated that this gets done one-on-one. Jim Sherrill discussed his Tribe's agreement with his CSO so that the Tribe gets coded as a protective payee so that they get the same forms as their patients. This lets the Tribe follow up to make sure patient forms get filled in and returned.

Dale Nachreiner suggested that this be made a statewide policy for CSOs because the failure to follow through will result in AI/ANs being dropped from coverage. Ms. Forslin said that she'll pass that suggestion on to David Hanig.

Cecile Greenway said that the NATIVE Project is having a problem with having its CSO exempt AI from the managed care plan and asked whether there is someone for the NATIVE Project to call. Cindy Lowe said that if they call the 1-800 number and avoid the CSO altogether on this issue, it will always work.

AIHC-IPAC Conference Update

Due to time constraints, the update was not provided but Becky Johnston stated that a fax/mailout would go out next week with information.

Set Next Meeting Date

The next AIHC meeting, which will be the annual meeting and will include elections, will be held on November 6 at the Upper Skagit Casino Resort in conjunction with the AIHC-IPAC conference.

Adjournment

The meeting was adjourned at 2:30.