ALASKA NATIVE HEALTH BOARD
ASSOCIATION OF TRIBAL HEALTH DIRECTORS

May 12, 2010

DRAFT MINUTES

Call to Order: Chairman Robert Clark called the meeting to order @ 9:10am.

Invocation was provided by Wilson Justin

Roll Call
ANTHC - Valerie Davidson & Lincoln Bean
NSHC - Roy Agloinga
SCF - Ileen Sylvester
YKHC - Gene Peltola
VNT - William Smith
APIA - Michele Lefebre
BBAHC – Robert Clark
Chugachmiut - Cheri Hample
CATG - Lona Marioneaux-Ibanitoru
EAT - Michael Christensen
Karluk - Alicia Reft
KIT - Jaylene Peterson-Nyren via telephone
KIC - Tom Gubatoya
KANA – Tammy Hansen via telepone
MSTC - Wilson Justin
NVE - Violet Rice
NVT - Dennis Tippleman
Ninilchik - Sara Jackinsky
SEARHC - Roald Helgesen & Sue Ann Lindoff

Excused
Maniilaq, Chugachmiut

Approval of Agenda: Alaska Native Heritage Center is rescheduled for the August meeting. Additional presentations ASi and the Alaska Tobacco Control Alliance.

Approval of ATHD Minutes
Motion:

G. Peltola moved to approve the February 23, 2010 Minutes; seconded by *I. Sylvester*. Motion approved.

GPRA Update - *Erika Wolter* via telephone;
Staffing: Karol Dixon moved to Washington State, Carolyn Crowder is in the leadership role; and Charles Fagerstrom is doing the overall management of the program.
Future meetings: A GPRA meeting is scheduled in July 25-28 Prior Lake, MN.
Funding: We submitted a proposal on April 16, 2010 for Tribal Best Practices Conference every 18 months. She mentioned important dates; site visits; non-RPMS GPRA site report; colorectal cancer screening and depression, screening collaboration between the Injury Dept. and Behavior Health.

R. Helgensen – is there a date set for non-RPMS users? No, we'll keep you advised.

AeHN - *P. Sherry*
He reported on the organization and start of AeHN to promotion health information technology in Alaska as the Health Information Exchange (HIE); who the key partners are – ANTHC, Alaska State Hospitals & Nursing Homes Assn, Premera Blue Cross/Blue Shield; Alaska Primary Care Assn., Alaska HER Alliance; University of Alaska, Alaska DHSS, Alaska Federal Health Care Partnership; AARP Alaska, and Alaska Mental Health Trust Authority; funding of the regional extension centers and what they do; and their long-term plans for AeHN.

I. Sylvester - What's the process for anyone to use the data related to health records? The property belongs to you or the organization that provides HIE.

R. Helgensen - What is the development of the PHR? The vision of the PHR should be able to work and we should focus on it.

M. Zacharof - Are we expected to pay for this? No, I mentioned an example to give you an idea, a scaling of sorts.

M. Christiansen - Is there a national clearinghouse for this? The clearinghouse is the Office of National Coordinator for HIT.

M. Christiansen - Are you working with VA and IHS?

P. Sherry - That's our job. Mr. Spectre, VA has permission to be on board of an HIE. Whether it's VA or IHS, that provider should see that the patient's key information.

Medicaid Task Force - *Garvin Federenko*
The Health Services Finance Committee is charged with identifying and developing financial strategies to sustain the stability and growth of the ATHS. The members as designated by each tribal health organization "is the most knowledgeable about financing for the organization and should have the authority to represent their organizations interest in setting new financial policies." The HSF engages with the state of Alaska DHSS in the Medicaid Task Force to determine projects whole outcome will increase tribal health services to Medicaid eligible AI/AN in Alaska through state supported expansion of THOSs while maximizing the state FMAP.

The Medicaid Task Force included a range of billing, finance staff and administrators to problem solve the implementation of Medicaid tribal billing. The HSF Committee was formed to meet the needs of having a forum or open discussion of financing issues, sharing issues that are affecting them and determine if they can identify common strategies to be proactive and the affect Medicaid tribal policy.

A lack of attendance by the tribal CFOs and the absence of clinic based CFOs hinders the ability of the Committee to function in a truly strategic manner. The April 8, 2010 MTF meeting DHSS presented a Medicaid tribal consultation state plan amendment (SPA), previously submitted in December of 2009. The state advised the MTF meetings have been designated as the official venue to tribal consultation. Tribal Consultation is a federal mandate and enforced for CMS. There are 6 to 26 SPAs submitted annually though not all SPAs have a direct impact on the tribal health services.

HSF is requesting the help of the Association of Tribal Health Directors to:

- Reaffirm the strategic intent of HSF and encourage the regular participation of their Finance Officers. This will ensure that each tribal health organization has a voice in the shaping finance policy and that each Health Director has a more complete knowledge of the finance issues affecting the ATHS.
- Help educate and inform the state DHSS of the decision-making structure of the ATHS and the appropriate venue for Tribal Consultation.

R. Clark – This is a critical area in which we should pay close attention and properly engage the right people saying the right thing at the right time.

F. Sutton –The formation of the health service finance committee is a step forward and elevating the dialogue to the Chief Financial Officer who have the authority to speak on behalf of their organizations.
My role has changed at SEARHC, as a result I am resigning as the Chair of the Medicaid Task Force, a position I've held in since April 1999.

R. Helgesen - Mr. Chairman, on behalf of our organization we would like to thank Frank for chairing the MTF. He is our Chief Operating Officer tasked with a tremendous amount of work. He has done an outstanding job. Thank you Frank.

R. Clark – There's big challenges and opportunities with IHCIA going on, we have to collaborate with the State for many years to come. The committee is important to us and I hope it continues.

G. Federenko – The State saw the MTF as the Tribal Consultation, it isn't. We saw ourselves as technicians talking about issues concerning MTF. We need to clarify the issue.

A. Dotomain – We met with the Commissioner and Renee back in December 2009 and asked them "How are you fulfilling the requirements of the Tribal Consultation?" They confirmed they were doing it through MTF, we shared with them that the MTF are technical experts to provide information. They are not elected tribal leaders and they are not technically appointed by Tribal Leaders to speak on our behalf. The Commissioner wasn't aware of the situation. I submitted a State Plan Amendment noting that MTF was not considered Tribal Consultation. I hope this Body will make a recommendation to the Full Board to ensure that we have a strong position on the state

Tribal Consultation policy to ensure the MTF is not recognized as a Tribal Consultation team.

MOTION:

I. Sylvester moved to recommend to the Board to develop a strategy or a letter to DHSS to educate them on the ATHS tribal consultation process. *R. Helgensen* seconded. Motion Carried.

CHAP Update - *R. Helgesen*
SEARHC extends an invitation to the Tribal Health Directors to explore further expansion of the Community Health Aide Program. SEARHC identified an area of potential Health Aide role expansion and is anxious to share the concept of Certified Medical Assistants (CMAs). The University of Alaska offers a 2-year associate degree training but the State regulations and statutes does not acknowledge it. Not being acknowledged, the Certified Medical Assistants also pose a problem for nurses. SEARHC believes CMAs may be trained the same way as CHAs.

W. Justin – I certainly appreciate the opportunity to discuss the critical problem of CMAs. It's been a problem for MTSC for a number of years, this gap between the CHAs and CMAs. I have a question regarding how the State plays into the Community Health Aide Program (CHAP). The tort lawsuit in the 90s, the judge ruled that MTSC was public. Is CMAs a State or Federal certified process?

R. Helgensen – I want to thank MTSC for their dialogue, it's what we hoped to have. Our intent is to have a tribally specific program that we would work under, the CHAP Program is not state certified. It is possible to work under the State certification but I believe we would have better success through tribal specific certification of the CHAP Program.

W. Justin – Mr. Chairman, I serve on the Department of Justice of Law Enforcement Commission which has served me well. You can count on MTSC for support on this issue. Thank you.

R. Clark – A day in July or some time this summer would be great to discuss the CMA proposal. How would this tie into CHAP and how would they feel about CMA?

R. Helgesen – All your questions are timely and appropriate. Regarding the issue of certification, there is no State Certification for CMAs nationwide. They work entirely under the Physicians licensure, the physician is responsible. There's no standard training in our CHAP program. We have the ability and capacity to provide this training of increased levels of skills and potential jobs. Is there willingness; is there an interest to get them certified? Our hope is to meet in late July here in Anchorage to have that dialogue and report back to the Tribal Health Directors.

R. Clark – Keep it moving and keep us advised.

R. Helgesen – We should be all covered under FSAs as the ancillary supportive staff. We can build a capacity for a medical assistance training program. Since we have training centers across Alaska, we have an opportunity to provide that additional support and certification. Right now we don't have a CMA program. The University of Alaska, Southeast is looking at a two-year preceptorship program. Many CMA programs are 6 month or less for a certificate.

V. Rice –I had the privilege the working with CHAs in Point Hope as I was deployed for 2 and half weeks by the Air Force Reserve. You don't want them to be certified as a Medical Assistant; that is much less that what they were able to do. I was thrilled with level of what they were able to perform and things they had to work with, in the middle of no where. We need to look at them licensed in the State, not just certified. That makes all the difference to these people. As a nurse practitioner I saw them to do a lot of things that I do. If you need any letters from me, I would certainly write them.

R. Helgesen – Our intent to not to remotely change our CHAs but to add CMAs to the already existing staff. They are not replacing the CHAs or midlevel practitioner, they are there to help. Our intent is to maximize what is out there, what's available, and create more help in our communities.

I. Sylvester – I'm not a CHAP expert but what would happen if we tried to get a state licensure under CHAP Program, a federal program, I'm a bit worried about that aspect.

A. Dotomain – A lot of questions that are being asked right now are questions that need to be discussed at this full day meeting. We will have a better idea of where this might go what kind of liability or issues it might create. We need to decide what day we're going to hold the meeting on.

M. Christiansen – The Tribal Best Conference in Minnesota is the same week as the IHS Behavioral Summit the week of the 26th. The week of the July 19th would give a little bit more time before the Board meeting.

R. Helgesen – I suggest the 19th of July as a meeting date.

A. Dotomain – Is there any objection to the 19th? She asked three times with no objections. The meeting will be held on July 19, 2010, ANHB will send out a notice.

Tribal Behavioral Health Director - *Kathy Graves*
We had some strategic planning focusing on three topics: 1) Double entry of data for documentation and resolving the issue; 2) elevating Behavioral Health within the system, not only statewide but nationwide; and 3) enhancing prevention activities. We've been focusing on suicide prevention for the last couple of years. Another area of prevention that the Tribal Health Directors would like to focus on is substance abuse. We've been working on the Behavioral Health Manual (BHA), using the CHAM as a guide. We've secured some funds from the Bring the Kids Home initiative to develop the BHA manual. We have a committee of Tribal Health Behavioral Directors, Clinical

Supervisors, and BHAs. We meet monthly, we have a deadline of completing the first initial product by the end of December. We're coming up with the framework for the BHA manual. The next challenge is the developing the sections of Children & Adolescent Project. We've been working with the Meth & Amphetamine Suicide Prevention Initiative. We've trained 510 people in the assist suicide intervention model, including 52 trainers from all the tribal health organizations across the State; and these numbers are constantly changing. We've worked with Chaplain Burt McQueen, he's trained 100 people in the Critical Incident Stress Management Model for Post Suicide since August. We've applied for State funding to keep this initiative alive, because we are not funded for 2011. We're taking this CISM model and revising it for cultural relevancy. Tina Woods joined our staff to team up with elders and others to help develop a cultural relevant model for CISM. We're moving ahead to secure funding from the State for the initiative on Substance Abuse Prevention.

I. Sylvester - With the funding you receiving from the state where would that go back to? We hired Chaplain McQueen, he's the only trained person in the State to train people in the high-risk regions for critical incident. We've contracted with him to train and travel. The bigger plan is to help support teams across the state. People leave and that's why we're asking for continuing funds for training.

L. Bean – What about awareness, we recognize the threat of suicide, but what is being done about awareness? In collaboration with the tribal health care systems, we've been traveling around doing community, public, and school presentations trying to increase awareness and working with a statewide media campaign to teach people to recognize the symptoms of suicide - what to do if someone they know is at risk. There are three levels of focus – prevention, intervention, and post vention.

R. Clark – Thank You for all the work you've done.

RASC Update - *Angel Dotomain*
Due to the lateness of the fiscal year we were unable to hire a RASC Coordinator. We have been working with Alaska Housing Finance Corporation to release the RASC funding that they reserved within their grants. AHFC submitted a reapplication for July 1, 2010. AHFC is very understanding and more than willing and helpful in the process. In the interim we have selected Jacqueline Shirley to be the new RASC Coordinator, and she will start June 7, 2010. She'll keep you advised of their meetings.

R. Clark – Thank You.

Subcommittee Written Reports - *A. Dotomain*
There's one addendum to the CHAP Directors – there are two documents pertaining the CHAP. One is on the In Memoriam 2010 of CHAs who have passed. The other is 2010 Shining Star Nominations of CHAs listing their many outstanding accomplishments and dedication to their communities.

R.Clark – In a letter from Dr. Glifford dated Jan. 10, 2010, 84% CHAs were certified statewide, some of at them were at 100% level. Twenty six organizations have CHAs that total 583 clinics statewide. We all need to do our part in retaining our CHAs.

W. Justin - The HIE template for EHR Transfer of funds is geared to work 3.5 million dollar fund only, or is it going to be used with other funds?

R. Clark – Rich Hall is in Phoenix, I don't have the answers. A lot of the money went to IHS geared toward RPMS. Some of us don't actively participate. SCF, ANTHC, SEARHC is on the RPMS mode which is IHS. It's very complicated.

W. Justin – I wish to express my concern that the smaller tribes weren't included in the process.

A. Dotomain – Rich Hall asked me to provide a list of questions that come up. The templates sent from IHS were developed with consultation from tribes in Alaska. That's my belief, I'll leave it to Mr. Hall to respond.

***ATCA** - L. Bean*

I serve on the board of ATCA, they have 11 billion dollars in their account, we are getting a small share. The Tribal Health Directors should strongly question them on the amount of funding, what formula is used and tell them how much we should get when they do their presentation. Cancer, heart disease, and other tobacco related causes is a major concern among Alaska Natives.

R. Helgesen – I'd like to address the tobacco issue. I asked in August at our Mega Meeting if they provided patches, nicotine replacement therapy, etc.; they were not. Our EpiCenter states that the chief causes of death and mortality of Alaska Natives are cancer and heart disease caused by tobacco. If they have 11 billion dollars, I don't think 1 million is enough for tobacco control and cessation. We are working hard on policy, smoke-free ordinances, education, and cessation to get people off of tobacco. I'm not a smoker but I lived with ex-smokers and they say it's very hard to kick the habit. We made inroads through education, we also need to support it with tobacco cessation. Eleven million dollars or 3 billion dollars is still not enough.

C. Hample – The State sent out a memo to grant recipients that they are now providing nicotine replacement therapy through the tobacco quit line at no cost. However, the patients have to call the Quit Line and participate in the online counseling in order to qualify for those.

OIT- *V. Davidson*

IHS has not made enough money available to fund all the health technology needed across the nation. The question IHS needs to ask is what is that you need in order to meet meaningful use utilizing whatever technology, whatever system we need. Compile that information that we need and get it to Congress for us. The specific request we also made, IHS add appropriations line item to the HIT request specifically for TSG

electronic health record implementation. The second issue is for Dr. Collen to come and present. Unfortunately, due to a health issue, she can't come. We were asked in an email whether we wanted an HIT person or Jim Armbrust. We preferred an HIT person that has answers for HIT. She is willing to come, she'll be well enough to travel in July. Language proposals are due to IHS today, close of business. If you're looking for a dollar amount, look at incidence of tobacco use in populations among the state and request the distribution of the resources to be allocated appropriately.

A. Dotomain – That was going to be my next comment, thank you. They're likely to reduce prevalence rate within Alaska, what they consider under 20%. However if you look at our EPI Center data in some of our regions we're upwards of 40-60%. Their reduced prevalence rate is in Anchorage or communities on the road system or other larger communities that are not all Alaska Natives or American Indian communities. They need to think about where they're spending their money and what really works in communities and Alaska Native communities. I've given them only 30 minutes but I really hope we can get what we need from the ATCA.

R. Helgesen – I really appreciate the fact that they're offering the replacement therapy through the Quitline. However, recognizing that local funding exists, working in partnership with the tribes, and tribal health organization on the NRT makes a lot of sense more than just the Quitline. We have an opportunity to interface with our families at multiple levels, not just the Quitline. The intent to get people to *quit*, not necessarily to call the quitline. We should push that issue, and we are looking forward working in partnership to them and seeing some of those resources come out us for the replacement therapy.

Motion

L. Marioneaux – moved to accept all the subcommittee written reports. Seconded by *M. Christensen*. Motion carried.

ASi, LLC - *Troy Larkin*
Troy Larkin, Area Specialist for Health Care Facilities talked about their insurance plan for claims for health care providers that bill for medical services rendered. They specialize in denials of insurance claims, with emphasis on uncollectible claims and claims of aged accounts until resolution is resolved.

Alaska Tobacco Control Alliance - *Emily Nenon, Kay Ashton*, and *Alexandria Hicks*
E. Nenon presented on the Alaska Tobacco Alliance. The Steering Committee consists of AARP, Alaska Native Health Board, American Cancer Society, American Heart Association, and American Lung Association. There are seven elected members and four Alaska Native representatives.

A. Hicks - shared her Overview of Tobacco Control in Alaska: An Update on Alaska Native People's Tobacco Use. Statistics on smoking, causes of death in the U.S. and Alaska; and economic costs of tobacco is a lot higher in Alaska. Program intervention, cessation intervention, health communication interventions are in place to stop or

reduce tobacco use. Statewide or Grant Programs are utilized; tobacco taxes are in place; Statewide health communication, Tobacco Quit Line, and issues to curb youth access are enforced. Data shows that Alaska Natives' smoking prevalence is consistently higher than non-Natives and so is secondhand smoke. Relapse prevention, youth prevention and utilizing the Quit Line are ways to use the data to your advantage. Media campaigns are there to help you.

Regional Reports

Chugachmiut - *C. Hample*,
The Seward Clinic installed an electronic health records system. The EHR was put in with the software and fax. They are addressing issues as they come up. CHAs are at the practitioner level and all CHAs are fully certified. We continue to utilize the 5As in quitting tobacco. Our dental health aide program provides a high level of service to our people. Our Cleaning for Health initiative has been successful and we are preparing to train our rural custodial staff of cleaning procedures and processes.

Norton Sound Health Corporation - *R. Agloinga*
I am substituting for Carol Piscoya, President/CEO. Our Nome Hospital is in the final stages of the outdoor building. The Topping Off ceremony is scheduled for May 26, 2010 with completion of the project in November. We hope the Board will meet in Nome at that time to help celebrate the grand opening of our hospital.
A CT Scanner was purchased to help improve early diagnoses and save on travel expenses.
The sober living facility for women and children was closed temporarily for repairs. This facility provides a safe place for women to receive the services they need while trying to stay sober.
Teller and Brevig Mission clinics are now open for patients. Wales Clinic received their Code & Conditions Survey and will continue to seek funding for completion.
Shishmaref, Gambell, Savoonga, Shaktoolik, and Diomede are working on their Business Plans. The remaining nine village clinics are open and operating in their new facilities.
A Strategic Plan for the corporation is on schedule; recruiting for a consultant is ongoing; state and federal priorities were submitted; we also advocated for several community programs in our region.

Southcentral Foundation - *I. Sylvester*
I would like to highlight: *1)* The Knik Tribal Council Partnership Meeting met on March 18 in Settlers Bay Lodge. The focus was on the economics, construction and future plans of the Knik Tribal Council; *2)* Homeless Teens in Anchorage – a Covenant House survey showed that majority of the teens are Alaska Native, many haven't finished high school, many are abused; many are girls with children; many lived in treatment or foster homes, and several have been arrested within the past 3 months. SCF serves on both the Anchorage Coalition for Homelessness and the Mayor's Taskforce on Homelessness where discussions are held on how to address the devastating issue of homeslessness; and *3)* Alaska Choose Respect – an initiative to raise awareness of

sexual abuse and domestic violence in Alaska. This group marched from Delaney Park Strip to a rally at Town Square Park along with several statewide communities on March 31 to support raising awareness.

A. Dotomain –There is an article on *Youth in Crisis – Characteristics of Homeless Youth Served by Covenant House Alaska*. This gives a detailed report of our homelessness youth in Anchorage.

SEARHC - *S. Lindoff* – the following is a brief update on activities.

- Kaasaan Health Center to model a new design for ultra-small clinics
- Chilkat River Walk from Klukwan to Haines to raise awareness of breast cancer and breast health
- Mt. Edgecume High School senior presented at the Alaska Rural Health Conference about her participation in the 2009 Behavioral Health Academy
- Ethel Lund Village Health Occupations Program hosted 14 students on health related issues
- Alicia Roberts Medical Center was honored with the outstanding Rural Health organization award at Alaska Rural Health Conference
- The Sitka short term housing facility experienced a sharp increase of bed/nights, since January 2010
- SEARHC was honored with family friendly employer of the year award by Partnerships for families and children
- New regional suicide prevention task force met April 29-30, 2010 in Sitka
- New patient scheduling software goes live at Mt. Edgecumbe Hospital on March 30, 2010
- Ethel Lund Medical Center starts new medical home system
- Construction projects at Mt. Edgecumbe Hospital began April 6, 2010

Motion

R. Helgesen – moved to recommend to the ANHB Board of Directors that ANHB strongly encourage the State of Alaska to direct 60% of the tobacco funding to 638 Tribes and Tribal Health Organizations for tobacco prevention, cessation and policy programs to address the disproportionate use of tobacco by our Alaska Native population. These funds encourage local solutions and increased in funding to Tribal Health organizations to achieve a dramatic reduction in tobacco use rates. *M. Christensen* second. Motion carried.

Motion

R. Helgesen - moved to recommend to the ANHB Board of Directors that ANHB strongly encourage the United States of America to direct increased funding directly to 638 Tribes and Tribal Health Organizations for Tobacco prevention, cessation and policy programs to address the disproportionate use of tobacco by our Alaska Native and American Indian populations. In recognition of the federal trust responsibility, funds should be directed to Tribes and Tribal Health Organizations through existing 638 compacts and funding agreements rather than through states. *L. Marioneaux-Ibanitoru* seconded. Motion carried.

Motion

M. Christensen – moved to adjourn the meeting at 4:45pm. Seconded by *L. Marioneax-Ibanitoru.* Motion carried.

JOINT MEETING
ALASKA NATIVE HEALTH BOARD
ASSOCIATION OF TRIBAL HEALTH DIRECTORS

May 13, 2010

DRAFT MINUTES

Call to Order
Lincoln Bean, Chairman

Roll Call/Certification of Quorum
TCC - Curtis Sommer
NSHC - Roy Agloinga
SCF - Ileen Sylvester & Loretta Troop
YKHC - Bill Kristovich
VTC - William Smith
APIA - Mike Zacharof & Michele Lefebvre
BBAHC - Robert Clark
Chugachmiut - Cheri Hample
CATC - Lona Marioneaux-Ibanitoru
EAT - Michael Christensen & Joe Bereskin
Karluk - Alicia Reft
Kenaitze - Rose Tepp & Jaylene Peterson-Nyren
KIC - Cecelia Jonson
KANA–Tammy Hansen, via telephone
MTSC - Larry Sinyon & Wilson Justin
Tyonek - Dennis Tippleman
Ninilchik - Sara Jackinsky
SEARHC - Roald Helgeson & Sue Ann Lindoff

Excused/Unexcused Absences

Approval of Agenda – Addition to the agenda, Commonwealth North

Motion:

M. Zacharof moved to approve the agenda. Seconded by *J. Segura*. Motion carried.

ANHB Meeting Date Review – *A. Dotomain*
Meeting dates –
May 17-21 – Final Negotiations
May 26 – NSHC topping off ceremony of their new hospital
June 3 – IHS Director Listening Session
June 14-15 ANHB Board and ATHD Retreat
June 16 IHCIATraining
June 20-23 NCAI midyear conference in Rapid City, SD
July 19 – CHA CMA meeting in Anchorage
Aug 9-11 ANHB Mega meeting
Aug 12 – DHSS Program Specific Listening Session
Sept 19-23 National Indian Health Board Consumer Conference in Sioux Falls, SD
Oct. 18-20 AFN, Fairbanks
Nov. 3-5 ANHB meetings in Nome.
Nov. 14-18 the NCAI Annual Conference in Albuquerque, NM

W. Justin – Nov. 11-12 is the Sobriety conference in the Community of Eyak. It's the premiere opportunity for community wellness. I just wanted to remind ANHB.

J. Petersen-Nyren - June 25-27 we have our tribal gathering to honor elders and veterans and those who have passed. It's been 10 years since our last occasion.

Motion:

M. Zacharof: Moved to approve ANHB to host November meeting in Nome. Seconded by *R. Agloinga*. Motion carried.

2011 NIHB Consumer Conference Planning - *A. Dotomain*
NIHB 2011 will hold their 2011 consumer conference in Anchorage, Alaska, dates are unknown but we will reserve the Dena'ina Center. We're putting everyone on notice to join our Consumer Conference Planning Committee. As soon as the dates are finalized from NIHB we'll start with reserving the space, fund-raising events, points of interest tours such as the Alaska Native Heritage Center, Anchorage Museum, Anchorage hospitals, educational centers, sporting activities, cultural activities, displays, and volunteers. The 'Save the Date' will be mailed to tribal health directors, tribal leaders, state/federal agencies, private organizations and all who are interested. Sponsors will signed up and as the hosting committee, we will have an agreement with NIHB to assist with sponsorship for everything from copy, snack time, and the cultural evening. Previous conferences involved dance/tribal groups welcoming all to the conference and a closing ceremony. We wanted everyone to be aware of this major conference.

I. Sylvester and *L. Marioneaux* volunteered to be on the Planning Committee for the NIHB Consumer Conference.

L. Bean – Alaska put this on about 12 years ago, we haven't been surpassed in sponsoring the NIHB conference, it's still being talked about. Your contributions will be recognized by the Banners placed around the convention center.

A. Dotomain – We want to put people on notice now for donating food for the cultural evening.

J. Peterson-Nyren – Kenaitze will donate salmon from our next potlatch.

R. Agloinga – I know that Emily and Carol will want to donate, I just don't know what I can volunteer them for yet.

M. Zacharof – For traditional foods, APIA will donate fresh seal meat.

A. Dotomain - This is great! Knowing that traditional foods are on the menu will determine where we can host the cultural night. Hotels and the Dena'ina Center do not allow anyone to bring in traditional foods. The last place we had cultural night was at a school.

A. Upickson – I'm sure the whalers will donate some muktuk. We'll figure out how to ship it down without too much problem, the whalers will send you a whole whale if they can.

R. Helgesen – We'll figure out something that SouthEast can contribute.

Tribal Self Governance Report & IHCIA Update - *A. Dotomain*
There are changes in authority, parity and heath care reform law. It included changes in health care Medicaid, children's health, the Indian specific requirements within HC reform, and a timeline; it is linked to our website for quicker access. There is a breakdown of 2010 to 2018. The NIHB booklet includes the Patient Protection and Affordable Care Act timeline. It has a break down, the provisions of the new HCR law by year, and when it goes into effect. The NIHB would like to come to Alaska to provide a specific IHR and HCR training. Myra and Marissa of Synosky & Chambers is taking the new IHCHIA law combining it with current law. This is the first time the Trust Responsibility has been included in the Law; so this is a major victory for our people across the nation. Under policy in Sec. 3 the need to raise the status AI/AN people to the levels set forth in Healthy People 2010 or the successor Healthy People 2020 publications.
Sec. 205 includes other authority and provision of services including Assisted Living, Home & Community Based Services, Hospice Care and Long Term Care Services. Section 822 Shared services for Long Term Care. DEA registration fees for providers are not required in section 124 Parity. It includes an exemption for employees of tribal and Indian programs to hold them at the same requirement as other IHS programs. Section 221 Licensing – it exempts licensed and certified tribal health program employees from licensure in the state where they practicing as long as they are licensed in some state and working for IHS.

Question: Have you heard anything about coverage or non-coverage for traditional healers? They are not covered.

R. Clark – That poses a dilemma for those of us who have wording in our compact that may be we're not FDC Coverage. Just because someone is licensed in another state doesn't mean necessarily you get reimbursed in this state. We have to be in step with the state, with hospital association and primary care association and all the others we do business with because were more than just a tribal operation. We're a critical care hospital, Joint Commission of Accreditation, we're the HRSA community health centers, each have having different rules and different exemption needing different lawyers.

I. Sylvester – The money we received for a traditional healing program, we got it from IHS, IHS asked us to do it.

A. Dotomain – I would pose that question again to Myra. Based on her initial review, she doesn't think they were covered but she was going to check again.
Sec, 409 Access to Federal Insurance allows tribes, tribal organization of UIO carrying out IHS programs to buy federal health insurance for their employees
Sec. 401 Reimbursement from Medicare, Medicaid, & Children's Health Insurance Program.

Sec. 405 Sharing arrangements with VA and Dept. of Defense
Sec. 818 IHS/Tribal programs are now payer or last resort in relation to all federal entities. Now that this is law we should be able to work with VA and DODt
Sec. 813 Health Services for Ineligible Persons – changes the standards and extends FTCA coverage.
IHCIA reauthorization is just authority – it does not tie into the law itself which means we have a next step to authority to request appropriations.

J. Peterson-Nyren - Can you repeat the comment about non-beneficiaries?

A. Dotomain – Sec. 813 IHCIA includes a change in standards and extends FTCA coverage to those tribal health organizations that choose to service non-Beneficiaries as long as the service does not reduces the services available to beneficiaries.

M. Zacharof – The act is an authorization not an appropriation. Is there anything we should concentrate on to support the request for appropriations? Could we do that as whole group or is there a recommendation for certain sections that we think are important for Alaska Native healthcare in general?

A. Dotomain – That is a major question, I'd like some time to think about it before I answer.

M. Christensen – I was down at Self-Governance with Myra Munson and Marissa and other Alaska legal team members. They certainly have the knowledge and perspective; they presented and lead the discussion. If we have this training, we should have it specific to Alaska and invite some of the State's people. This is federal law for Indian health but it has to merge, correlate and be recognized by State law. Under current law, we can have a practitioner licensed in any State working for IHS in Alaska, but Medicaid cannot pay since he/she is not licensed in Alaska. I think it would be beneficial if we invited State legal and legislative employees to the meeting. If we're hosting it in Alaska, we have the knowledge base that needs to filter down to everyone.

A. Dotomain – Thank you, I think it's a great idea. We've heard a request to hold it during our August meeting. Are there any objections?

A. Dotomain – How long do you want the training? One hour, half a day, a whole day scheduled for training? Myra preferred a full day of our time if she's going to do an in-depth training.

A. Dotomain – The meeting is scheduled Aug. 9-11, 12 is tentatively scheduled as a federal HHS program specific listening session day. We could do ½ day Tribal Directors on the morning of the 9th and ½ day business that afternoon; congressional delegation day on the 10th; that way we can do full day of training on the 11th. Is that agreeable?

L. Bean - Any objections? Hearing None.

Commonwealth North - *Thomas Nighswander*
A. Dotomain – The Commonwealth North does not have participation from the tribal health directors. Knowing that a lot of policy and discussion happens in the state, the Tribal Health system is directly or indirectly impacted.

I'd like to introduce Thomas Nighswander, VP of Commonwealth to get his perspective and how we might be able to participate.

T. Nighswander – Three opportunities are available to you: 1) Commonwealth North which a public policy group statewide, was founded in '79 by Walter Hickle & William Egan. It has been public policy group since that time but the membership does not include Tribal Members and we would like to invite you to join. 2) The Board includes volunteers, both republicans and democrats; 3) United way emphasizes Education.

G. Peltola – The Commonwealth North; do they have rural members?

T. Nighswander – No. They would like to have rural members on their Board.

Demistifying Healthcare Reform - *Debrah Erickson,*
Federal Status three new federal laws were enacted: 1)The Patient Protection & Affordable Care Act; 2) The Health Care Education Reconciliation Act; and 3) TRICARE Affirmation Act. **State Status –** Florida is leading a 20-state lawsuit challenging the constitutionality of the individual mandate. Specific to the individual mandate whether it's unconstitutional or not for the federal government to require individuals to buy health insurance and also some provisions where those states feel there's too much infringement on the state's rights by the Federal Government. The entire law is not being challenged, and since Alaska is participating in the lawsuit against the Federal Government, does that mean the state is going to refuse to participate in implementation of the law. All the governors received a letter dated April 30 from Secretary Sebelius asking if they were interested in participating in a new but temporary high risk insurance pools that the Federal Government is required to establish, one in each state. We did submit a letter of intent whereas 18 States did not express interest in participating.

W. Justin – I have a suggestion regarding the absence of information from the Governor. I request that the ANHB Chair write a letter to the Governor to clarify his position on the constitutionality issue.

D. Erickson – Timelines begin in 2010 for pre-existing condition exclusion prohibited for children dependent coverage for adults 26 years of age; prohibition on rescission of coverage insurance companies will be allowed to take your insurance coverage away if you develop a condition that they won't cover; life-time limits will be limited, annual limits starts this year; medical loss ratio reporting requirement that certain proportion of the revenues from premiums that insurance companies will pay out in medical claims; 2014 insurance companies won't turn anyone down from enrollment in their insurance plans; 2014 restrictions on how to adjust their premium rates – standard discriminations not allowed.

Health Insurance exchanges – These Health Insurance Exchange are web based market places to purchase insurance more easily. The federal government is required to set up the exchange for the states who are not participating in setting it up; all should be ready by 2014.
The exchange itself is meant to provide an opportunity to make it easier for individuals and for businesses to buy insurance. The exchanges are being set up specifically for individual buying their own insurance or for small businesses. In this particular provision, small business is defined as 100 or less employees; small business will be allowed to purchase their insurance for their employees through the exchange starting in 2014. Large business will be allowed to participate and buy insurance starting in 2017. The employer mandates and the fines the employer will have to pay if they have employees going individually from the exchange because your insurance is insufficient.
Medicaid expansion: Eligibility is being expanded for all individuals up to 65 years of age, up to 133% of federal poverty it raises the eligibility level to 138%. The way eligibility is determined is changing, the way we look at income. The FG is fully picking up the cost of the expansion until 2017 and the State will be required to pay a portion that's going to increase by 2020.
New Insurance Programs – high risk health insurance pool; multi-state health plans; health care cooperatives; health choice compacts. Individual mandates and subsidies – individuals must have a qualified plan or pay a tax penalty. Tax penalty 695/year and exemptions include financial hardship; religion, AI/AN, lowest cost option exceeds 8% of income. Subsidies include Premium credits and cost sharing subsidies; employer mandates and subsidies.
Health Care Delivery – changes made through Medicaid; payment reform, etc. was discussed. Prevention & Public Health include National Prevention Council and Fund; coverage of clinical preventive e services; etc. Health Care Workforce include recruitment and retention programs; training and education programs, etc. Fraud, Waste & Abuse include data sharing across federal programs, increased penalties, etc. Community Living Assistance; taxes and fees; other provisions; and Timeline highlights for States was briefly discussed.

ANMC Overview - *Dan Neumeister*
Mr. Neumeister presented the goals and objectives of the Alaska Native Medical Center and some specifics experienced throughout the hospital.

Concerns and comments
Treatment and care of patients; hospital improvement services and capacity; quality care given to all, including Rural Alaska; village to hub to ANC; FAA policy to have oxygen box but not available, however there is a smaller bottle available; Director or FAA will visit soon; implementation policy – who is responsible for cost? The sending party will foot the bill; a matter for FAA Director, he needs to hear – ANHB should inform him of industrial needs

A. Dotomain – This is news to me that the FAA Director is coming.

2012 Legislative Priority Planning - *A. Dotomain*
Myra Munson of Sonosky, Chambers, Sachse, Miller, Munson provided a list of federal and state priorities that she asked me to present.
Authority
Sec. 2 Findings – do away with the health disparities between Indians and the general public
Sec. 3 Policy – raise the status of Indians to the levels set forth in the Health People 2010
Sec. 205 Authority for Provision of Services – assisted living services; home and community based services; hospice care and long-term care services
Sec. 822 Shared Services for Long-Term Care
Parity
Sec. 124 Exemption from certain fees imposed by federal agencies
Sec. 221 Licensing. Exempts licensed and certified tribal health program employees from licensure in the state where they are practicing
Sec. 409 Access to Federal Insurance. A tribe, tribal organization or UIO that operates IHS programs are allowed to buy federal health insurance for their employees.
Other Opportunities
Sec. 401 Reimbursement from Medicare, Medicaid, & Children's Health Insurance Program. Refers to programs instead of facilities and expands the allowable use of funds, including to achieve the objectives.
Sec. 405 Sharing Arrangements with VA and Dept. of Defense
Sec. 813 Health Services for Ineligible Persons – changes the standards and expressly extends FTCAQ coverage
Sec. 818 IHS and other tribal organizations now paying of last resort of all federal entities

Adjournment

Motion:

C. Crowder moved to adjourn the meeting at 11:22am. *W. Smith* seconded. Motion Carried.

ALASKA NATIVE HEALTH BOARD
BUSINESS MEETING

May 14, 2010

DRAFT MINUTES

Call to Order – Appointed Chairman Emily Hughes called the meeting at 9:08am.

Invocation was provided by Cecelia Johnson

Roll Call/Certification of Quorum

TCC - Curtis Summer
SCF - Loretta Troop
ASNA - Allen Upickson
YKHC - Bill Kristovich
VNT - William Smith
BBAHC - H. Sally Smith
Chugachmiut - Cheri Hample
CATG - Lona Marioneax-Ibanitoru
KIT - Rosalie Tepp
KIC - Cecelia Johnsib
MSTC - Larry Sinyon and Wilson Justin
NVT - Dennis Tiepleman and Gwen Chickalusion
NTC - Sara Jackinsky
SEARHC - Sue Ann Lindoff

Excused/Unexcused Absences

Ketchikan Representative has to leave early

Approval of Agenda

Motion:

R. Tepp moved to approve the agenda, seconded by *J. Bereskin.* Motion carried.

Approval of Minutes

Motion:

M. Christenson moved to approve the Feb. 25, 2010 minutes, seconded by *R. Tepp.* Motion carried.

Reports

President's Report

A. Dotomain – The Policy Analyst is still vacant, two temporary full-time Office Assistants were hired; the Program Assistant is still vacant; Jacqueline Shirley was selected as the new RASC Coordinator.

Finances - Cornerstone Credit Services advised ANHB of a payment needed from one account; and the Consumer Awareness contract expired as of March.

Office Space & Equipment – The small business server has been installed.

Expectations and Improvement – With installation of the small business server ANHB will updated the e-mail distribution lists.
Travel & Meetings- reviewed from Feb. 2010 to Nov. 14, 2010.

Motion:

J. Bereskin moved to accept the President's Report, seconded by *L. Marioneux-Ibanitoru.* Motion carried.

Action Items
ATHD Vice-Chair Ileen Sylvester provided the ATHD recommendations.

> *I. Sylvester* moved, seconded by *R. Helgeson* to recommend to the ANHB Board of Directors determination of strategy of letter or education to the State of Alaska department of Health and Social Services Commissioner regarding Tribal consultation process and ensuring a positive and ensuring a positive government to government relationship.
>
> *R. Helgesen* moved, seconded *M. Christensen* to recommend to the ANHB Board of Directors that ANHB strongly encourage the State of Alaska to direct 60% of the tobacco funding to 638 Tribes and Tribal Health Organizations for tobacco prevention, cessation and policy programs to address the disproportionate use of tobacco by our Alaska Native population. These funds encourage local solutions and increased in funding to Tribal Health organizations to achieve a dramatic reduction in tobacco use rates.
>
> *R. Helgesen* moved, seconded *L. Marioneaux-Ibanitoru* to recommend to the ANHB Board of Directors that ANHB strongly encourage the United States of America to direct increased funding directly to 638 Tribes and Tribal Health Organizations for Tobacco prevention, cessation and policy programs to address the disproportionate use of tobacco by our Alaska Native and American Indian populations. In recognition of the federal trust responsibility, funds should be directed to Tribes and Tribal Health Organizations through existing 638 compacts and funding agreements rather than through states.

Motion:

W. Knight moved to approve the ATHD recommendations, seconded by *C. Johnson.* Motion carried.

Committee Reports
Executive Committee
Motion:

R. Tepp moved to approve the Executive Committee Meeting April 20, 2010 minutes, seconded by *D. Tippleman.* Motion Carried.

Finance Committee
Motion:

J. Bereskin moved to approve the Finance Committee April 20, 2010 minutes, seconded by *R. Tepp.* Motion Carried.

Personnel Committee
Motion:

R. Tepp moved to approve the Personnel Committee minutes for March 8, and April 20, 2010, seconded by *D. Tippleman.* Motion carried.

Old Business
Retirement Plan
We are still in the planning stages, Merrill Lynch has various plans. We need to figure what our needs are and what we need to get for maximum benefits.

Executive Session
The Committee entered Executive Session.

Motion:

J. Bereskin moved to go into Executive Session at 11:15 a.m., seconded by *L. Marioneaux-Ibanitoru.* Motion carried.

New Business
IDD, LLC Redemption
ANHB accepted the $100,000 redemption fee offered for it's share of the IDD, LLC. BBAHC, NSHC, and YKHC declared conflict of interest. A second roll call was made, it was unanimously approved to for the sale to go through.

Motion:

L. Marioneux-Ibantoru moved to approve for ANHB to accept the $100,000 redemption fee offered by IDD, LLC. The motion was seconded by *R. Tepp.* Motion Carried.

Adjournment

Motion:

R. Tepp moved to adjourn the meeting at 11:22am. Seconded by *J. Bereskin.* Motion carried.

Alaska Native Health Board
Joint Finance and Executive Committee Meeting

July 2, 2010

DRAFT MINUTES

Call to Order
Lincoln Bean called the meeting to order at 2:20 p.m.

Roll Call-
In person
Lincoln Bean
Bill Kristovich
Jim Sgura

Teleconference
William Smith
Lona Ibanitoru
Isabel Nashoopuk
Emily Hughes
Andy Jimmie

Quorum was established.

Finance Report
Angel Dotomain reviewed the finance report, and was asked to make a recommendation to the full board for the use of the IDD, LLC funds ($100K).

Motion

Bill Kristovich moved for the Executive and Finance Committee to enter into Executive Session at 2:40 p.m. Seconded by Emily Hughes. Motion carried.

Motion

Andy Jimmie moved to approve a one-time bonus of $8K for the President/CEO. Seconded by Jim Segura. Motion carried.

Motion

Bill Kristovich moved to adjourn the meeting at 3:15 p.m. Seconded by Sue Ann Lindoff. Motion carried.