

MARCH 2024 LEGISLATIVE UPDATE

March kicked off with the highly successful Annual IHSTribal Leaders Meeting (CA Area Urban Confer) in Burlingame, CA, and we're grateful to everyone who played a part in its success. We promptly shared updates and feedback with Director Tso. In our upcoming March blog, we'll be exploring the important theme of "Unlocking Healthcare: The Journey for American Indians and Alaska Natives." As we approach the legislative spring recess starting on March 21st, our focus remains on legislative updates and key developments affecting Urban Indian Organizations. We're closely monitoring policy agendas, webinars, and noteworthy bills like AB 2132 and AB 2711. Additionally, the recent release of the President's Fiscal Year 2025 Budget reflects significant increases in funding for the Indian Health Service, aligning closely with tribal and urban organization priorities.

STATE UPDATES

- **CHW/P/R POLICY AGENDA:** The Community Health Workers/ Promotoras/ Representatives (CHW/P/R Policy Coalition) has released their policy agenda. Policy recommendations outlined in the Policy Agenda fall into 4 key areas: workforce development, economic equity, effective integration of CHW/P/Rs into care teams, & equitable access to CHW/P/R services for Medi-Cal enrollees.
 - **Request for your input:** CCUIH serves on the steering committee for this Coalition and we are always seeking feedback from CHWs at UIOs. If you have any CHWs at your UIO who could help inform CCUIH's advocacy efforts in this area, please let the CCUIH policy team know.

 - **DHCS WEBINAR FOR TRIBES & INDIAN HEALTH PROGRAM REPRESENTATIVES:** On March 11, DHCS hosted a webinar for Tribes & Indian Health Program Representatives.
 - **Resource:**Powerpoint will be posted [here](#). If you would like a copy sooner, please reach out to CCUIH policy team.
- Potential Impact to UIOs:**
- **Medi-Cal Enrollment Data:**
 - Enrollment peaked in May 2023, reaching almost 15.6 million members. ■ Ethnicity/race data shows 55,302 Alaskan Native/American Indian (AI/AN) enrollees, accounting for 0.4% of total Medi-Cal enrollees in July 2023.
 - **Funding and Budget Updates:**
 - Future funding releases totaling \$20,926,000 were announced, with ongoing funding for the Indian Health Program (IHP) until June 30, 2025.
 - The Governor's proposed budget for fiscal year 2024-25 includes significant investments in health and human services programs, including Medi-Cal.

- **Behavioral Health Update:**
 - Efforts are underway to secure approval for covering Traditional Healer and Natural Helper services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
 - CMS aims to approve requests in 2024 and engage with Tribal partners for guidance on implementation. ([Third request from DHCS to CMS](#))

- **AB 2132 (LOW) TUBERCULOSIS SCREENING:** AB 2132 would require health facilities and clinics that provide outpatient primary care services in California to offer voluntary screening for tuberculosis (TB). The bill would require primary care providers to offer a TB risk assessment and TB screening, if TB risk factors are identified, to patients. The bill would also require the provider to offer the patient follow-up health care or refer the patient to a provider who can provide follow-up health care. Early detection and treatment of latent tuberculosis infection (LTBI) can substantially reduce the risk that the infection progresses to active TB disease, preventing unnecessary hospitalizations and death. CCUIH submitted a letter of support for AB 2132 on March 12.
 - **Resource:** Asm. [Low AB 2132](#)
 - **Potential Impact to UIOs:** AB 2132's passage is crucial for UIOs, given the heightened TB risk among AIAN communities. By enhancing early detection and treatment of latent TB infection, the bill can reduce TB incidence and prevent transmission, particularly vital considering AIAN individuals' increased risk. Supporting this bill is essential for advancing public health equity and addressing the disproportionate burden of TB on underserved populations.

- **AB 2711 (RAMOS) SERVING YOUTH AND REDUCING SUBSTANCE USE:** Assembly Bill 2711 would revise school suspension and expulsion policies for drug-related infractions by requiring local education agencies to create policies using a public health approach, in lieu of suspensions and expulsions. By requiring school districts to create a public health framework for assisting students with substance possession and use infractions, the administrators will have more resources and ability to make referral-based decisions for students. CCUIH is currently drafting our support letter.
 - **Resource:** Asm. Ramos [AB 2711 Fact Sheet](#)
 - **Potential Impact to UIOs:** By emphasizing screening, education, and referrals for youth with substance use needs, the bill could lead to more comprehensive support systems for students, potentially reducing the reliance on suspensions and expulsions. This could ultimately contribute to improved outcomes for Urban Indian youth by addressing underlying health needs and reducing the risk of future substance abuse and addiction.

- **AB 1965 (RUBIO) PUBLIC HEALTH. OFFICE OF TRIBAL AFFAIRS:** AB 1965, sponsored by Blanca Rubio, establishes the Office of Tribal Affairs within the State Department of Public Health to address public health disparities in Tribal communities. It mandates the appointment of a Tribal Health Liaison by the State Public Health Officer, emphasizing regular consultation and input from the Liaison. CCUIH submitted a letter of

support and consideration for [AB 1965](#) on March 18.

- **Potential Impact to UIOs:** The establishment of the Office of Tribal Affairs within the State Department of Public Health, led by a Tribal Health Liaison, could have significant impacts for UIOs. This includes a requirement for the State Public Health Officer to regularly consult with and consider input from the Tribal Health Liaison suggests a heightened awareness of Tribal health needs. UIOs may benefit from increased collaboration and support from this office, potentially leading to improved access to resources, funding, and tailored public health programs for Urban AIANs.

FEDERAL UPDATES

- **PRESIDENT'S FY 2025 BUDGET RELEASED:** On March 11, IHS notified UIOs of the release of the [President's Fiscal Year 2025 Budget](#). [The budget] builds on the...implementation of advance appropriations and includes a total of \$8.2B for the Indian Health Service in FY 2025, which is an increase of \$1.1B or 16% above FY 2023. The FY 2025 budget is reflective of tribal and urban Indian organization leader priorities, as it includes significant funding increases beginning in FY 2025 towards the top tribal budget recommendations. In FY 2025, the budget includes a total of \$8B in discretionary funding, as well as \$260M in proposed mandatory funding for the [Special Diabetes Program for Indians](#). In FY 2026, the budget makes all funding for IHS mandatory, culminating in a total funding level of approximately \$42B FY 2034. This mandatory budget proposal builds towards the tribal recommendation of full funding. This budget continues the administration's support for full mandatory funding for the IHS and provides a net increase of \$208 billion over the discretionary baseline. Over a five-year period, the budget provides an increase of more than \$17B to expand direct health care services and close the Indian Health Care Improvement Fund Level of Need gap. It also includes an additional \$6.5B to finalize [modernization](#) of the IHS electronic health record system. The budget would also fully fund the remaining projects on the 1993 Health Care Facilities Construction Priority List and start funding other construction needs in 2031.”

- **Potential Impact to UIOs:** The FY 2025 President's Budget proposes a substantial increase in funding for the Indian Health Service (IHS), including discretionary and mandatory allocations, aiming to address persistent health disparities and historic underinvestment in AIAN communities. This increase in funding offers potential benefits for UIOs by bolstering resources for direct healthcare services, enhancing operational capacity, and supporting critical infrastructure needs. Additionally, the proposed legislative initiatives seek to address workforce challenges, including recruitment and retention of healthcare professionals, which could positively impact UIOs' ability to deliver essential healthcare services to Urban AIAN populations.

IHS UPDATES

- **SUPPLEMENTAL REQUEST FOR FENTANYL & OPIOID ABUSE FUNDING:** On March 4, CCUIH submitted written comments on the Supplemental Request for Fentanyl & Opioid Funding following the urban confer session held on February 2. CCUIH

highlighted the need for equitable distribution and increased outreach/collaboration for any potential funding.

- **Resources:** [DUIOLL](#)
 - **Summary of Recommendations:** The recommendations aim to ensure equitable funding distribution for Urban Indian populations by considering factors like substance abuse prevalence and healthcare accessibility, with input from Tribal Consultation & Urban Confer sessions. Additionally, there's a call to allocate funds for culturally sensitive outreach programs and education campaigns, leveraging partnerships and noncompetitive funding models. Collaboration among UIO clinics, tribal health programs, and stakeholders is emphasized to enhance opioid abuse interventions, including joint planning and engagement with SAMHSA for comprehensive treatment approaches. Finally, there's advocacy for full funding for mental health, alcohol and substance abuse, and urban health initiatives within the I/T/U system.
- **URBAN EMERGENCY FUND:** On March 5, Director Tso sent a DUIOLL on the Urban Emergency Fund, which is \$200,000 allocated by OUIHP each year. This funding is available to address some of the costs incurred during one-time, non-recurring emergencies and disaster relief efforts involving UIOs. “To make a UEF request, a UIO must submit a written request to the applicable IHS Area Director, with copies to the Area Chief Contracting Officer and the UIO’s Contracting Officer Representative, as soon as reasonably practicable after the emergency situation.”
 - **Resources:** [DUIOLL](#)
 - **Potential Impact to UIOs:** The potential impact is significant. The UEF provides a limited discretionary allocation to address costs incurred during one-time emergencies and disaster relief efforts involving UIOs, with funding up to \$200,000 annually, subject to availability. Several CA UIOs have received UEF funds. UIOs must have a contract with the IHS to be eligible for UEF access, and emergency situations requiring funding must be clearly defined and documented, with a written request outlining the emergency, requested amount, rationale, and impact. The UEF offers crucial financial assistance during emergencies, enabling UIOs to address immediate health and safety concerns within their communities, but its availability is contingent on appropriations and specific eligibility criteria.
- **2024 CA AREA URBAN CONFER SESSION:** On March 6, the CA Area Office hosted the 2024 CA Urban Confer during the CA Tribal Leaders Meeting. UIO Leaders shared the importance of 100% FMAP for UIOs, PRCDA Expansion, accurate UIO data, and MMIP.
- **FY 2025 IHS BUDGET ROLLOUT:** On March 13, IHS held a webinar to share an overview of the agency’s FY 2025 Budget. The budget includes \$8.2B for the IHS and \$260M for SDPI.
 - **Resources:** [03.13.24 IHS Budget Rollout Slides](#)
 - **Potential Impact to UIOs:** The budget outlines a mandatory funding formula

starting in FY 2026, exempting the IHS from sequestration, and includes legislative proposals to address various healthcare challenges. However, adjustments in funding allocations, such as the decrease in funding for the Community Health Aide Program (CHAP), may impact UIOs' abilities to address specific health needs within Urban Indian communities.

Legislative Report prepared by Arianna Antone-Ramirez, CCUIH Health Policy Analyst and Nanette Star, CCUIH Director of Policy. If you have questions or comments please email us arianna@ccuih.org, nanette@ccuih.org