

**ALASKA NATIVE
HEALTH BOARD:
2016 PRIORITIES
AND LEGISLATIVE
UPDATE**

<TARGET><BILL></BILL><SUBJECT>ALASKA NATIVE HEALTH BOARD
2016 PRIORITIES AND LEGISLATIVE
UPDATE</SUBJECT><COMM>SHSS29</COMM></TARGET>

2016 Priorities and Legislative Update



ALASKA NATIVE
HEALTH BOARD

February 2016

Contents

About ANHB	3
Executive Summary	4
Behavioral Health.....	6
Health Professionals Housing.....	7
Long Term Care (ElderCare).....	8
Medicaid Reform.....	9
Tobacco Cessation & Prevention.....	10
Village Safe Water	11

About ANHB

Since 1968, the Alaska Native Health Board (ANHB) has served as the statewide organization for the Alaska Tribal Health System (ATHS), working with state and federal agencies to strengthen the government-to-government relationship through timely communication and meaningful consultation throughout the policy-forming process.

Alaska tribes and tribal organizations carry out the management and administration of federal Indian programs. Collectively, the tribes and tribal organizations form an integrated statewide network with 7,000 employees providing services to over 149,000 Alaska Native people and is a critical component of the Alaska Public Health System serving thousands of non-Natives in rural Alaska. The tribes and tribal organizations carrying out these services make up the membership of ANHB and the ATHS.

Providing policy analysis, technical support and meeting facilitation, ANHB conducts quarterly statewide meetings along with numerous tribal caucuses, work sessions and other events to address legislative and policy developments affecting ATHS. In this process, ANHB works with state and federal agencies, elected officials and industry partners to advocate for the health and well-being of Alaska Native people.

Executive Summary

Behavioral Health

Many Alaska Native people still do not have access to behavioral health services despite the clear need. The costs of neglecting these needs extends beyond the health system and costs to the General Fund. Neglecting or reducing resources to address these needs will place a greater burden on the public safety, judicial and social systems as well. Partnering, however, with the Alaska Tribal Health System has true potential for realizing high returns on investment.

Request: Support the State of Alaska's budget continuation for behavioral health services without cuts.

Health Professionals Housing

In many rural communities, lack of housing serves as a true barrier to recruitment. There are health professionals who would like to invest in these communities but if there is no housing, or if there is not safe and stable housing available, villages cannot offer a position to these willing and interested providers. Without the providers in their communities, patients delay care which now requires travel and usually the illness has advanced.

Request ANHB supports the Governor's Budget Request for the Alaska Housing Finance Corporations' (AHFC) Supplemental Housing Development Grant Program for \$3 million.

Long Term Care/Elder Care

ANHB supports the ability of Alaska Native elders and those living with disabling conditions to be cared for in their communities. Long Term Care facilities, serving at the regional and state-wide level, form an integral component of Alaska's health system and provide critical services to ensure the dignity and health of our most vulnerable residents. . This is one of the most promising areas for return on investment. According to the Tribal Medicaid Activity Report of FY 2012, the ATHS only received small amounts of payment for these large ticket items. In FY 2012 Alaska Natives made up approximately 40% of the Medicaid population, yet the payments indicate that the majority of Alaska Natives accessing long-term care services must be doing so outside the ATHS. If Alaska Natives can be served within the ATHS, the State's general fund could realize millions of dollars of savings as the state would receive 100% FMAP for this population.

Request: ANHB supports the Governor's Budget Request for the AHFC Senior Citizens Housing Development Grant Program (SCHDGP) for \$1.75 million to meet the rapidly growing need for senior housing in Alaska.

Medicaid Reform

Medicaid reform and redesign efforts offer an opportunity to streamline processes and access that will result in better care coordination for Alaska state as a whole. For the Alaska Tribal Health System, these new efficiencies will offer expanded service and reimbursement opportunities while saving the state's General Fund by maximizing 100% FMAP.

Request: Support Medicaid Redesign initiatives that strengthen the Alaska Tribal Health System.

Tobacco Cessation and Prevention

Alaska Native people have higher rates of tobacco use in nearly every demographic category verses non-Natives in the state. One of the most significant indicators of individual healthcare needs and resulting costs to healthcare providers is tobacco use. Secondhand smoke is a leading cause of preventable death.

The Alaska Smoke-Free Indoor Workplaces Act would update existing Alaska state law to provide comprehensive protection from secondhand smoke for employees and customers in all enclosed workplaces and places of public accommodation. This act creates a standard with regard to secondhand smoke that puts all businesses and workplaces across Alaska on the same level playing field.

Request: ANHB strongly supports passage of SB 1 (Alaska Smokefree Workplaces Act).

Village Safe Water

Many of Alaska's 280 geographically isolated communities lack a safe source of drinking water. Sustainable sewage disposal is also lacking in many communities. Populations in these communities range between 25 and 6,000 residents. Alaska ranks last in water and sewer infrastructure in the country. There are roughly 30 villages that lack a community system to provide service to individual homes. In addition, many communities are partly served and having homes without adequate water and sewer facilities.

Request: ANHB urges the AK state legislature to approve a 25% match of federal funds allocated to Alaska that support the design and construction of water and sewer facilities in rural Alaska. Specifically, the EPA Alaska Native Village Grant program that funds sanitation projects, the State Rural Utility Advisor Program (RUBA) and the Remote Maintenance Worker (RMW) Program - has traditionally been funded at \$10.0M/year however in FY 16 the amount was increased to \$20M. The State is required to match this funding in a 75/25 Federal/State split. It is critical for the State of Alaska to provide a match for this funding.

Behavioral Health

Issue

Many Alaska Natives still do not have access to behavioral health services despite the clear need (26% in 2013). The costs of neglecting this needs extends beyond the health system and direct costs to the General Fund. Neglecting or reducing resources to address these needs will place a greater burden on the public safety, judicial and social systems as well.

The Alaska Tribal Health System promises high returns on investment. It benefits the state on 100% FMAP for tribal members utilizing the system, reduces costs for non-Natives offering care closer to home, and provides a mechanism for veterans to gain access to care providing opportunities for earlier screening and interventions and more often in integrated settings that reduce the risk of stigmatization, increasing the likelihood individuals will seek care.

Talking Points

- Investing in behavioral health programs, related training, and collaborative program planning and financing will allow the State to build on existing strengths in the Alaska Tribal Health System (ATHS) and better use existing resources to help Alaskans who most need these services.
- An integrated health system requires availability of qualified and trained behavioral health providers in every community.
- Prevention and treatment approaches to behavioral health must be provided in a seamless, integrated fashion, use best and promising practices as well as partner in developing community-based participatory research to help identify and inform the general public of effective cultural and traditional practices that start at the community level.
- The full establishment of this vision is only possible with State financing that supports the concept of services in the right place and the right time to prevent escalation of the need for more intensive and costly services.

Request

Support the State of Alaska's budget continuation for behavioral health services without cuts. In addition, ANHB asks for the considered input of the ATHS in identifying and directing behavioral health funds in the most effective (including cost-effective) manner to achieve positive health outcomes for Alaskans, including:

- Remove grantee requirement in order to bill Medicaid for BH Services
- Support for telebehavioral health
- Reimbursement for BH Aides
- Reduce screening barriers for access to behavioral health services
- Behavioral Health services expansion
- Residential facilities for behavioral health
- Opioid training for medical to work with behavioral health
- Streamline reimbursement for BH provided in primary care setting
- More mental health inpatient beds
- Remove 16 bed limit for Detox Beds

Health Professionals Housing

Issue

Shortage of housing options in rural areas across the state for healthcare professions

In many rural communities, lack of housing serves as a true barrier to recruitment. There are health professionals who would like to invest in these communities but if there is no housing, or if there is not safe and stable housing available, villages cannot offer a position to these willing and interested providers. Without the providers in their communities, patients delay care which now requires travel and usually the illness has advanced.

This high turn over rate prevents institutional knowledge from accumulating and community trust in its professionals from strengthening. The Alaska Housing Finance Corporation (AHFC) has for over a decade, funded housing projects for teachers, health professionals, and public safety workers across rural Alaska, all in an effort to decrease turnover. So far, the program has shown success with teacher retention.

Talking Points

The AHFC Supplemental Housing Development Grant Program (SHDGP) has been in existence since the late 1980's. The program has been incredibly valuable in supplementing federal, other state and private resources directed at meeting Alaska's low- income affordable housing needs and providing development "gap funding" that in many cases is "make or break" funding that allows a project to move forward. Without this funding the number of housing projects initiated by Regional Housing Authority's (RHAs) would decrease significantly and the impact of that decrease would ripple through the state economy. Small rural communities would be particularly hard hit.

RHA's are the primary, and in most rural communities the sole developer of new housing units (approximately 150-200 units per year), and generally one of the only entities providing rehabilitation and modernization of existing units (approximately 700-750 units). The families and communities served each year would be significantly reduced without these critical funds. As noted above, many projects simply would not be feasible or built without these funds.

Request

ANHB supports the Governor's Budget Request for the AHFC Supplemental Housing Development Grant Program for \$3 million. Although the RHA's have demonstrated an approximate annual need of \$12 - \$15 million for this critical housing program, given the acknowledged severe budget constraints the state is facing, ANHB is strongly supportive of the Governor's request and seeks legislative support for maintaining the FY 2016 appropriated amount of \$3.0 million.

Long Term Care (ElderCare)

Issue

ANHB supports the ability of Alaska Native elders and those living with disabling conditions to be cared for in their communities. Long Term Care (LTC) facilities, serving at the regional and state-wide level, form an integral component of Alaska's health system and provide critical services to ensure the dignity and health of our most vulnerable residents.

LTC is one of the most promising areas for return on investment. According to the Tribal Medicaid Activity Report of FY 2012, the ATHS only received small amounts of payment for these large ticket items. In FY 2012 Alaska Natives made up approximately 40% of the Medicaid population, yet the payments indicate that the majority of Alaska Natives accessing long-term care services must be doing so outside the Alaska Tribal Health System (ATHS). If Alaska Natives can be served within the ATHS, the State's general fund could realize millions of dollars of savings as the state would receive 100% FMAP for this population.

Talking Points

Alaska has the fastest-growing senior population in the United States, with Alaska Natives 65 years or older expected to increase 64% between 2010 and 2020. The statewide need for nursing and assisted living beds for Alaska Native residents will more than double current capacity by 2020.

When owned and operated by tribal health organizations, a long-term care facility is eligible for 100% FMAP and creates instant savings to the State's general fund and operating budget. For example, a 100 bed facility, owned and operated by tribal providers, would provide an estimated \$6-7 million annual savings to the State's Medicaid general fund.

Beyond providing further savings to the state's general fund, the addition of local, regional facilities would allow our beloved elders the gift of proximity to the land they cherish and the friends and family they love.

Request

ANHB supports the Governor's Budget Request for the Alaska Housing Finance Corporation's (AHFC) Senior Citizens Housing Development Grant Program (SCHDGP) for \$1.75 million to meet the rapidly growing need for senior housing in Alaska.

Background: The Alaska Housing Finance Corporation's Senior Citizens Housing Development Fund was created for the purpose of providing funding to qualified organizations to develop senior citizen housing. Eligible program activities include acquisition, rehabilitation, accessibility modification, new construction and pre-development costs. Although the SCHDGP has historically had very limited program funding, these limited funds have remained an important component to make most senior new development projects possible. It is unlikely any senior housing will be constructed without this component of funding.

Medicaid Reform

Issue

Medicaid reform and redesign efforts offer an opportunity to streamline processes and access that will result in better care coordination for Alaska state as a whole. For the Alaska Tribal Health System, these new efficiencies will offer expanded service and reimbursement opportunities while saving the state's General Fund by maximizing 100% FMAP.

Talking Points

The Alaska Medicaid program is projecting a five-fold increase in total service spending over the next two decades, with necessary long term care services constituting a leading cost driver for Medicaid spending. Unless capacity is increased within the Alaska Tribal Health System (ATHS), which receives 100% FMAP for Alaska Natives/American Indians (AN/AIs) receiving care through the ATHS, the total of these cost increases will be borne by the State.

Medicaid total expenditures increased over 800% from FY 1991 to FY 2012, rising from \$174 M in 1991 to over \$1.4 B in 2012. Federal dollars roughly match state funding for the Medicaid Program, with providers reimbursed at the applicable provider type established rate. These rates indicate the Federal Medical Assistance Percentage (FMAP), with different providers reimbursed at different rates. For non-tribal providers, Alaska recovers costs at approximately 50% FMAP and covers the other 50% through the State's general fund.

Request

ANHB supports Medicaid Redesign initiatives that strengthen the Alaska Tribal Health System, including:

- Medicaid Payment for Behavioral Health Aide Services – Establish Behavioral Health Aides as rendering providers to individuals with mild to moderate behavioral health issues. This change would enable our Behavioral Health Aides to provide sustainable services.
- Improve Patients' Experience with Travel – Improve the patient's experience and decrease costs.
- Allow licensed behavioral health professionals to bill Medicaid – Currently, only Psychologists and Licensed Clinical Social Workers can bill Medicaid, which limits Tribal Organizations' ability to recruit qualified personnel.
- Address gaps in the continuum of behavioral health care – Serve enrollees at the right level of care and right cost of care by developing policy, regulations, and program insight for services not currently provided in the State, including:
 - Mental Health Screening and Intervention Services
 - Assertive Community Treatment Services
 - Urgent Behavioral Health Care Services
 - Mental Health Day Habilitation Services
 - Crisis Respite Services

Tobacco Cessation & Prevention

Issue

The Alaska Smoke-Free Indoor Workplaces Act would update existing Alaska state law to provide comprehensive protection from secondhand smoke for employees and customers in all enclosed workplaces and places of public accommodation. This act creates a standard with regard to secondhand smoke that puts all businesses and workplaces across Alaska on the same level playing field.

More than half of Alaskans live in communities with smoke-free workplace laws in place, but many of the rest live in areas that are unable to enact smoke-free workplace laws due to limited power in the local government. The next logical step is to go statewide and take a stand for all Alaskan workers. It's good for business, it creates a healthier environment for employees and customers, and it's the right thing to do. All Alaskans have the right to breathe smoke-free air. Let's do what we can to protect that right.

Talking Points

- Alaska Native people have higher rates of tobacco use in nearly every demographic category versus non-Natives in the state.
- One of the most significant indicators of individual healthcare needs and resulting costs to healthcare providers is tobacco use.
- Secondhand smoke is also a leading cause of preventable death. Each year in the United States, nearly 50,000 non-smokers die as a result of exposure to secondhand smoke.
- Exposure to secondhand smoke has both immediate (acute) and long-term (chronic) adverse health impacts;
- Only strong smokefree indoor air policies can reliably protect workers and non-smokers from the disease and premature death caused by secondhand smoke;
- Separating smokers from non-smokers, air cleaning technologies and ventilation systems cannot effectively and reliably protect public health.
- Smoke free workplace policies have been implemented widely in local communities, states and nations without adverse economic impact to the hospitality industry.
- Smokefree indoor air policies including restaurants and bars have been implemented in hundreds of communities, 30 U.S. states and more than 40 entire countries.
- A large body of research documents that smokefree indoor air laws substantially reduces heart attacks and improves the health of workers and non- smokers without adverse economic impacts to the hospitality industry. In Alaska, there is broad popular support for smokefree workplaces including restaurants and bars.

Request

Support legislation that promotes smoke free workplace policies (SBI "An Act prohibiting smoking in certain places; relating to education on the smoking prohibition"). SBI is an opportunity to have a positive impact on Alaskans' health, and it won't cost anything. Over 900 Alaskan businesses and organizations support a statewide smoke-free indoor workplace law. It's time for a smoke-free Alaska.

Village Safe Water

Issue

Many of Alaska's 280 geographically isolated communities lack a safe source of drinking water. Sustainable sewage disposal is also lacking in many communities. Populations in these communities range between 25 and 6,000 residents. Alaska ranks last in water and sewer infrastructure in the country. There are roughly **30 villages that lack a community system to provide service to individual homes**. In addition, many communities are partly served and having homes without adequate water and sewer facilities.

Historically, there have been high rates of diseases associated with unsafe drinking water and lack of sanitation in Alaska Villages. Rates of hospitalization for pneumonia, influenza, skin infections, and lower respiratory tract infections are higher for Alaska Native infants and elders in communities with inadequate sanitation services as compared to similar populations in communities with adequate facilities, and significantly higher than the US population.

Talking Points

- The disparity between available funding from all sources (\$63.66 million) and the cost of addressing critical health related sanitation needs (\$724 million) is approximately \$660 million –over a 100% increase since SFY 2006. If current funding and cost trends do not change, this gap will continue to widen.
- Address Alaska's unparalleled lack of access to safe drinking water and sanitation, specifically tailored to address the minimum population requirements that work to exclude these communities from nearly all sources of federal funding, in addition to providing technical assistance and development planning.
- Overall there are approximately **3,800 homes in villages throughout Alaska don't have running water water and sewer.**
- Lack of in-home water and sewer service in rural Alaska causes severe skin infections and respiratory illnesses. Residents of Southwest Alaska suffer rates of invasive pneumococcal disease (IPD) that are among the highest in the world.
- To correct this public health problem, agencies have funded conventional, community-wide piped and truck haul systems. Although these systems work, they are expensive to construct and many communities cannot afford their high operational costs.
- Funding to build systems has declined severely while costs have risen sharply. The deficit between available funds and needs is over \$660.3 million.

Request

ANHB urges the AK state legislature to approve a 25% match of federal funds allocated to Alaska that fund sanitation projects in rural Alaska. Specifically, the **EPA Alaska Native Village Grant** program that funds sanitation projects, the State Rural Utility Advisor Program (RUBA) and the Remote Maintenance Worker (RMW) Program - has traditionally been funded at \$10.0M/year however in FY 16 the amount was increased to \$20M. The State is required to match this funding in a 75/25 Federal/State split. It is critical for the State of Alaska to provide a match for this funding.



2-8-2016

EASTERN ALEUTIAN TRIBES

3380 C Street Suite 100, Anchorage, AK 99503

Jennifer Harrison
Executive Director

Direct: (907)564-2510 Cell: (907)444-5809
Email: JenniferH@EATribes.net



Main: (907) 277-1440 Fax: (907) 277-1446 • www.EATribes.org
Working Together to Promote Healthy Communities
Adak • Akutan • Cold Bay • False Pass • King Cove • Nelson Lagoon • Sand Point • Whittier



Eastern Aleutian Tribes
3380 C Street, Suite 100
Anchorage AK 99503
Phone: 907-277-1440

Senator Bert Stedman,

QAGAALAKUXTXIN!
(Thank You)

Thank you for talking to us
about the ANHB priorities.
If you would like more information
about the AK Native Health
Board or remote Alaska's health
needs, please contact me.
Jennifer Harrison
Executive Director



Handicrafts - hats and blankets