



**CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.**  
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## **CRIHB Legislative Priority Setting for 2010**

The California Rural Indian Health Board (CRIHB) held its 40<sup>th</sup> Annual Board of Directors Meeting in October, 2009 at the Peppermill Casino in Reno, NV. CRIHB Board members, the Tribal Government Consultation Committee, and other pertinent stakeholders gathered to discuss federal and state legislative priorities for 2010. Legislative priorities for the next year were openly discussed between all present parties. Upon the conclusion of the discussion, a survey was administered to quantitatively assess the top priorities of the group. These priorities will be used by the CRIHB legislative staff to focus their legislative efforts. These results will also be useful to other organizational stakeholders in focusing on program and policy efforts.

For more information on these legislative priorities please contact James Crouch, MPH, Executive Director or Mark LeBeau, MS, Health Policy Analyst, at 916-929-9761.

### **TOP LEGISLATIVE PRIORITIES**

#### **TOP STATE PRIORITIES**

- 1. Maintain Tribal Health Program access to Medi-Cal optional benefits**
- 2. Maintain State Indian Health Program budget**
3. Enhance Indian healthy families outreach and enrollment processes
4. Maintain substance abuse funds (CalWORKs) for Tribal Health Programs
5. Enable out-of-state providers to work for Tribal Health Programs and bill Medi-Cal while applying for state licensure on a time limited basis
6. Secure Tribal Health Program access to mental health service funds
7. Support amendment to change state budget making process (repeal 2/3 requirement)
8. Repeal Prop 13

#### **TOP FEDERAL PRIORITIES**

- 1. Increase IHS appropriations, including funds for CHS programs in California**
- 2. Reauthorize Indian Health Care Improvement Act (Sen. Dorgan/Rep. Pallone)**
3. Reauthorize the Special Diabetes Programs for Indians (Rep. DeGette; H.R.3668)
4. Affirm Indians political status not racial definition in Medicaid/Medicare/SCHIP program
5. Use Level of Need Funding appropriation formula in distributing all funds
6. Require accounting for third party collections in the distribution of IHS appropriations
7. Secure Tribal Health Program access to home healthcare for elders services (Sen. Dorgan)
8. Increase alcohol and substance abuse program funds

### Mentioned as Number 1 Priority

#### **State Priorities (% of people who listed it as their number 1 priority)**

1. Maintain Tribal Health Program access to Medi-Cal optional benefits (57%)
2. Maintain State Indian Health Program budget (30%)
3. Enhance Indian healthy families outreach and enrollment processes (15%)
4. Maintain substance abuse funds (CalWORKs) for Tribal Health Programs (2%)
5. Enable out-of-state providers to work for Tribal Health Programs and bill Medi-Cal while applying for state licensure on a time limited basis (4%)
6. Secure Tribal Health Program access to mental health service funds (2%)
7. Support amendment to change state budget making process (repeal 2/3 requirement) (2%)
8. Repeal Prop 13 (2%)

#### **Federal Priorities (% of people who listed it as their number 1 priority)**

1. Reauthorize Indian Health Care Improvement Act (Sen. Dorgan/Rep. Pallone) (36%)
2. Increase IHS appropriations, including funds for CHS program in California (34%)
3. Reauthorize the Special Diabetes Programs for Indians (Rep. DeGette; H.R.3668) (15%)
4. Affirm Indians political status not racial definition in Medicaid/Medicare/SCHIP program (11%)
5. Use Level of Need Funding appropriation formula in distributing all funds (9%)
6. Require accounting for third party collections in the distribution of IHS appropriations (6%)
7. Secure Tribal Health Program access to home healthcare for elders services (Sen. Dorgan) (2%)
8. Increase alcohol and substance abuse program funds (2%)
9. Secure Tribal Health Program access to non RPMS information technology services (4%)
10. Secure HIPPA controlled access to IHS data (2%)

### Mentioned in Top 5

#### **State Priorities (% of people who listed it in their Top 5)**

1. Maintain Tribal Health Program access to Medi-Cal optional benefits (97%)
2. Maintain State Indian Health Program budget (85.1)
3. Secure Tribal Health Program access to mental health service funds (73%)
4. Maintain substance abuse funds (CalWORKs) for Tribal Health Programs (70%)
5. Enhance Indian healthy families outreach and enrollment processes (66%)
6. Support amendment to change state budget making process (repeal 2/3 requirement) (47%)
7. Enable out-of-state providers to work for Tribal Health Programs and bill Medi-Cal while applying for state licensure on a time limited basis (32%)

#### **Federal Priorities (% of people who listed it in their Top 5)**

1. Increase IHS appropriations, including funds for CHS program in California (83%)
2. Reauthorize Indian Health Care Improvement Act (Sen. Dorgan/Rep. Pallone) (70%)
3. Reauthorize the Special Diabetes Programs for Indians (Rep. DeGette; H.R.3668) (68%)
4. Affirm Indians political status not racial definition in Medicaid/Medicare/SCHIP program (66%)
5. Use Level of Need Funding appropriation formula in distributing all funds (53%)
6. Require accounting for third party collections in the distribution of IHS appropriations (34%)
7. Secure Tribal Health Program access to home healthcare for elders services (Sen. Dorgan) (34%)
8. Increase alcohol and substance abuse program funds (26%)
9. Secure Tribal Health Program access to small facilities construction and loan repayment (21%)
10. Secure Tribal Health Program access to non RPMS information technology services (11%)
11. Secure HIPPA controlled access to IHS data (6%)