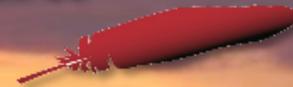


National Indian
Health Board



ADVOCACY 101

PRESENTED BY:

CAITRIN MCCARRON SHUY, DIRECTOR, CONGRESSIONAL RELATIONS

© Shaw Thacher

OVERVIEW

1. Opening Discussion
2. Congress – the Basics
3. Political Context
4. Why Advocate?
5. Talking to Congress
6. Being an advocate from home
7. Resources
8. Public Health Advocacy topics



OPENING DISCUSSION

- What your impression of Congress?
- Does it fail to enact Tribal priorities?
- What do you think you can do to help?
- How many of you have advocated before? What barriers do you encounter when advocating?

TWO HOUSES OF CONGRESS

U.S. House of Representatives

435 voting Members of Congress (MOCs) apportioned by population (*Delegates and Commissioners Participate But Do Not Vote.*)

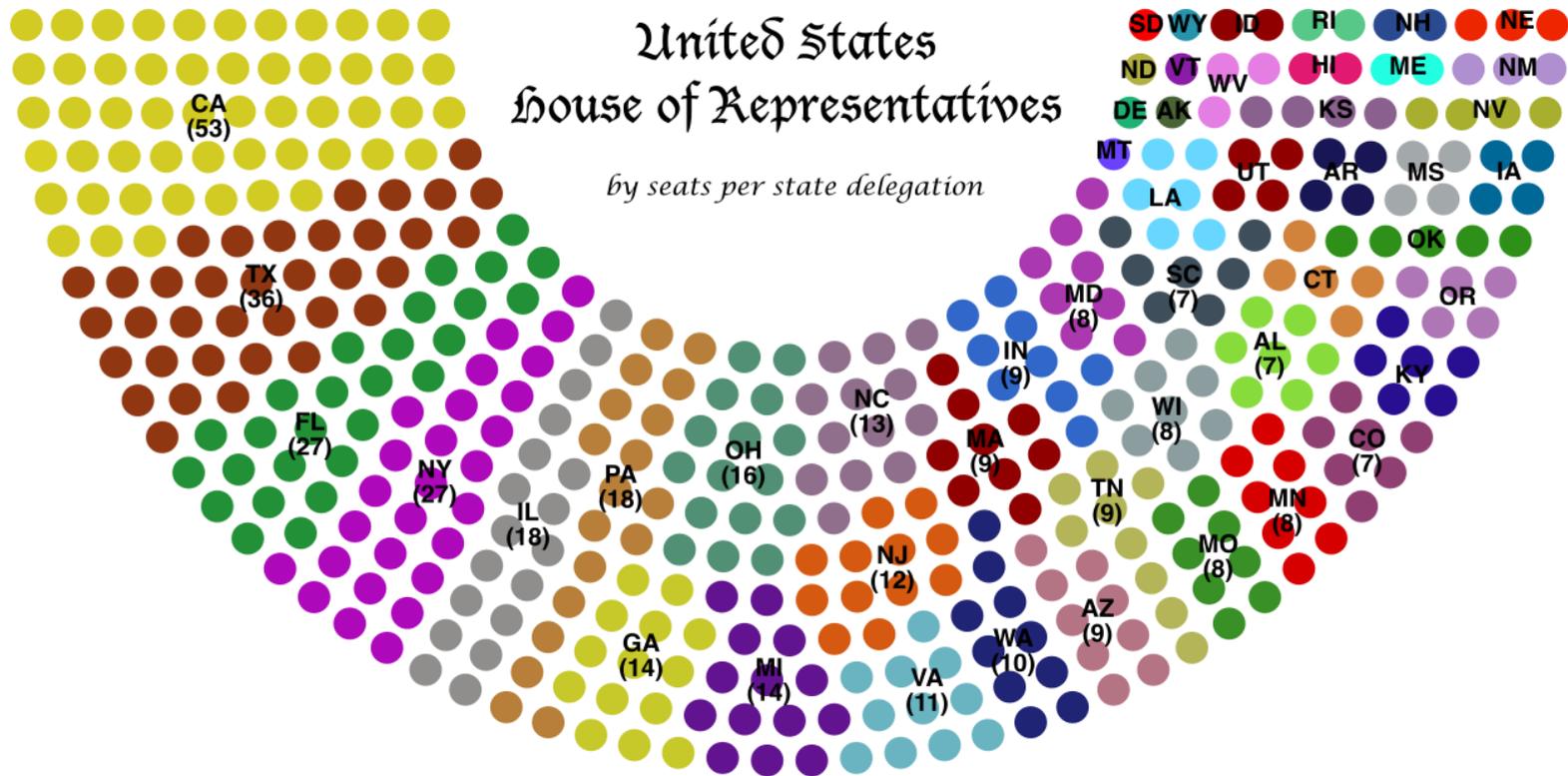
- *About 26% Represent Indian Tribes*

2 – Year Terms

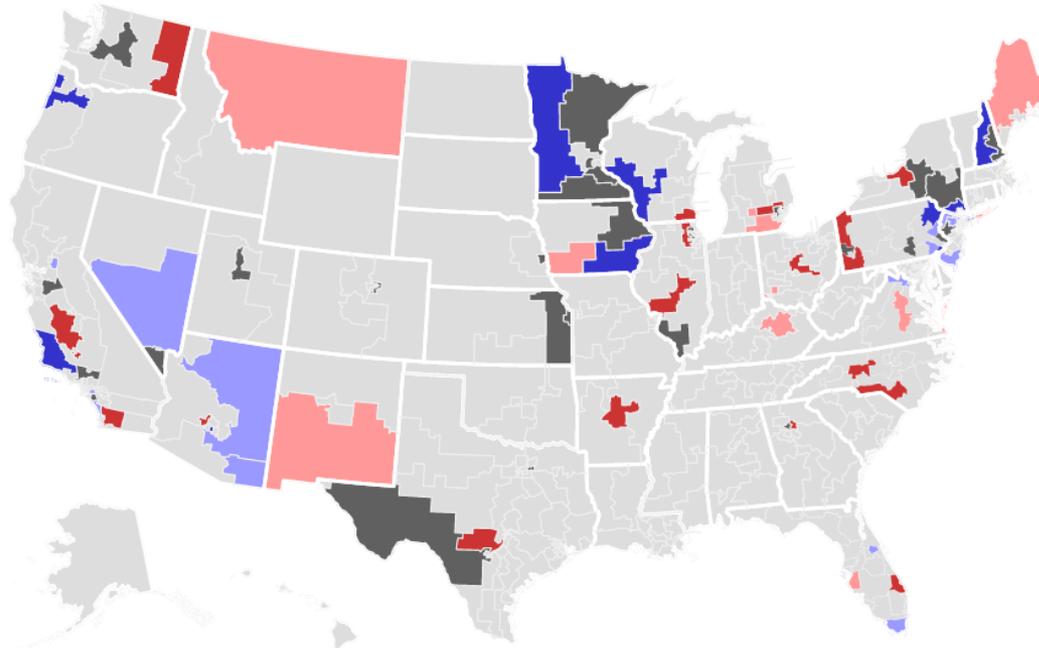
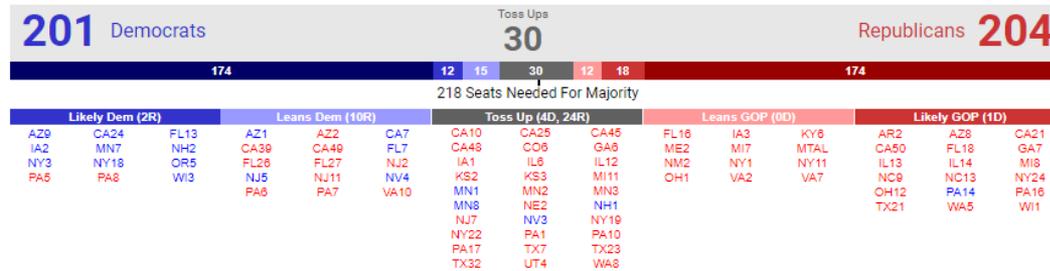
Rules – Majority will always prevail!



US HOUSE BY STATE DELEGATION (115TH CONGRESS)



REPUBLICANS LIKELY TO LOSE HOUSE IN 2018



Analysis

- 2016 – Republicans Lost 6 seats in the House of Representatives
- Previously had been their biggest majority since 1928.
- 2018 – Map is not favorable to Republicans – current 237 R to 193 D (4 vacancies)

TWO HOUSES OF CONGRESS

U.S. Senate

Two per each of 50 States = 100

72% Represent Indian Tribes

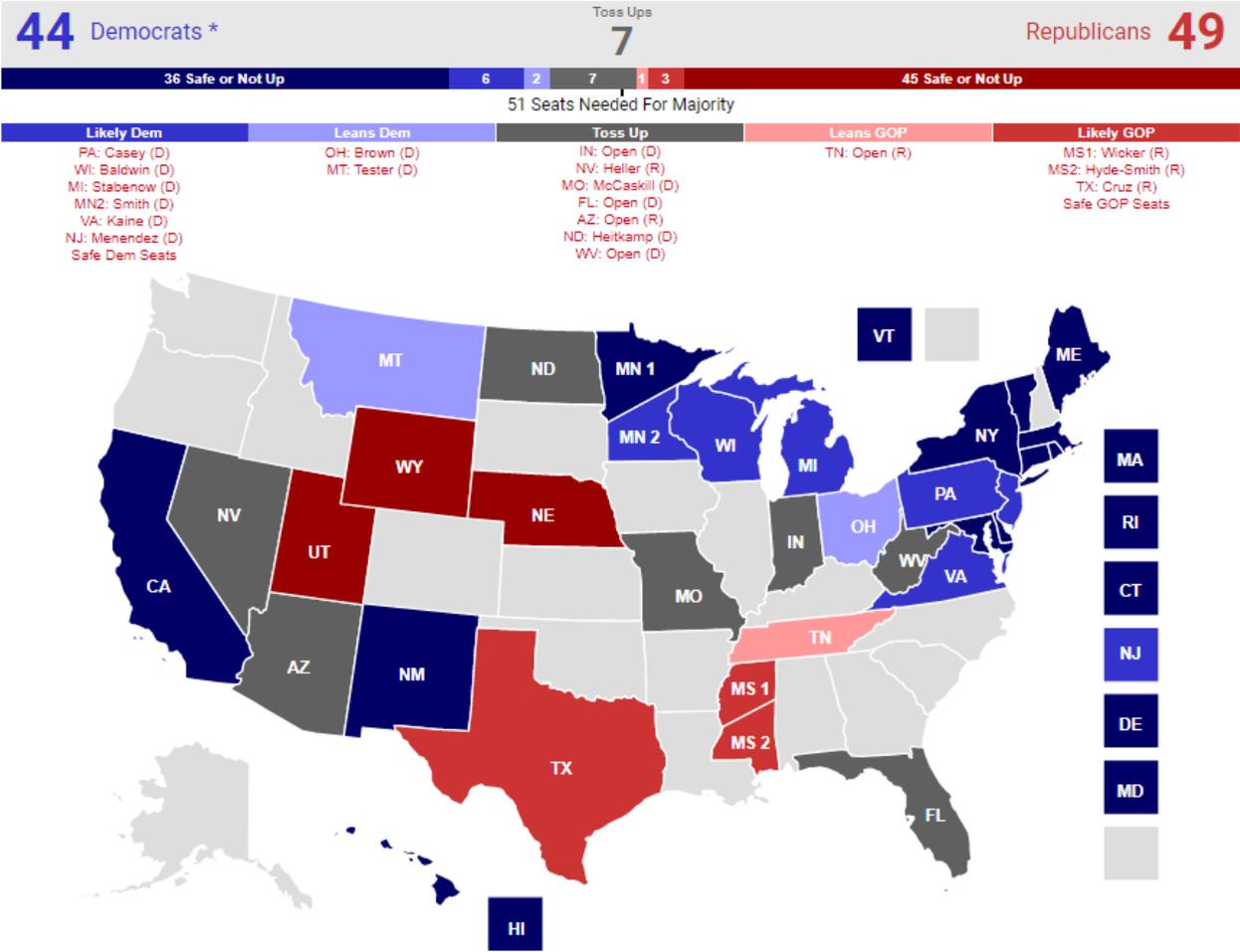
6 Year Terms

Rules - Deference to minority.

Filibuster.



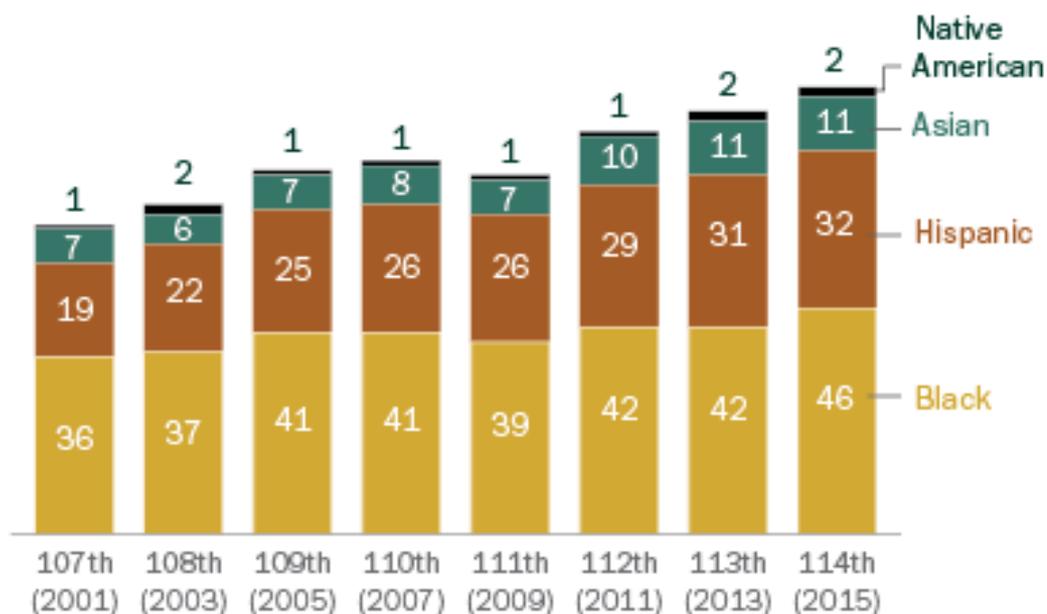
REPUBLICANS RETAIN MAJORITY IN SENATE AT JUST 1



WHO IS IN CONGRESS?

Growing Racial and Ethnic Diversity in Congress

Number of House and Senate members by race and ethnicity



Note: The data do not include nonvoting delegates or commissioners. Figures represent the makeup of Congress on the first day of the session. Asian includes Pacific Islanders.

Source: CQ Roll Call, Congressional Research Service, Brookings Institution

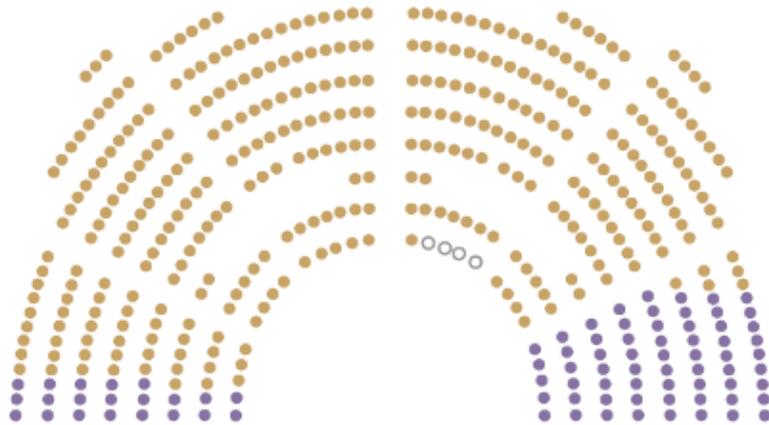
PEW RESEARCH CENTER

WHO IS IN CONGRESS?

Gender

House of Representatives

● Male: 348 ● Female: 83

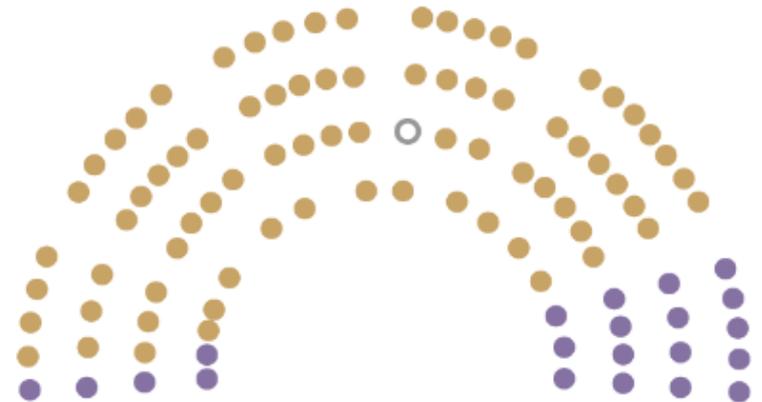


More Minorities Head to Congress

— House — Senate

Senate

● Male: 78 ● Female: 21

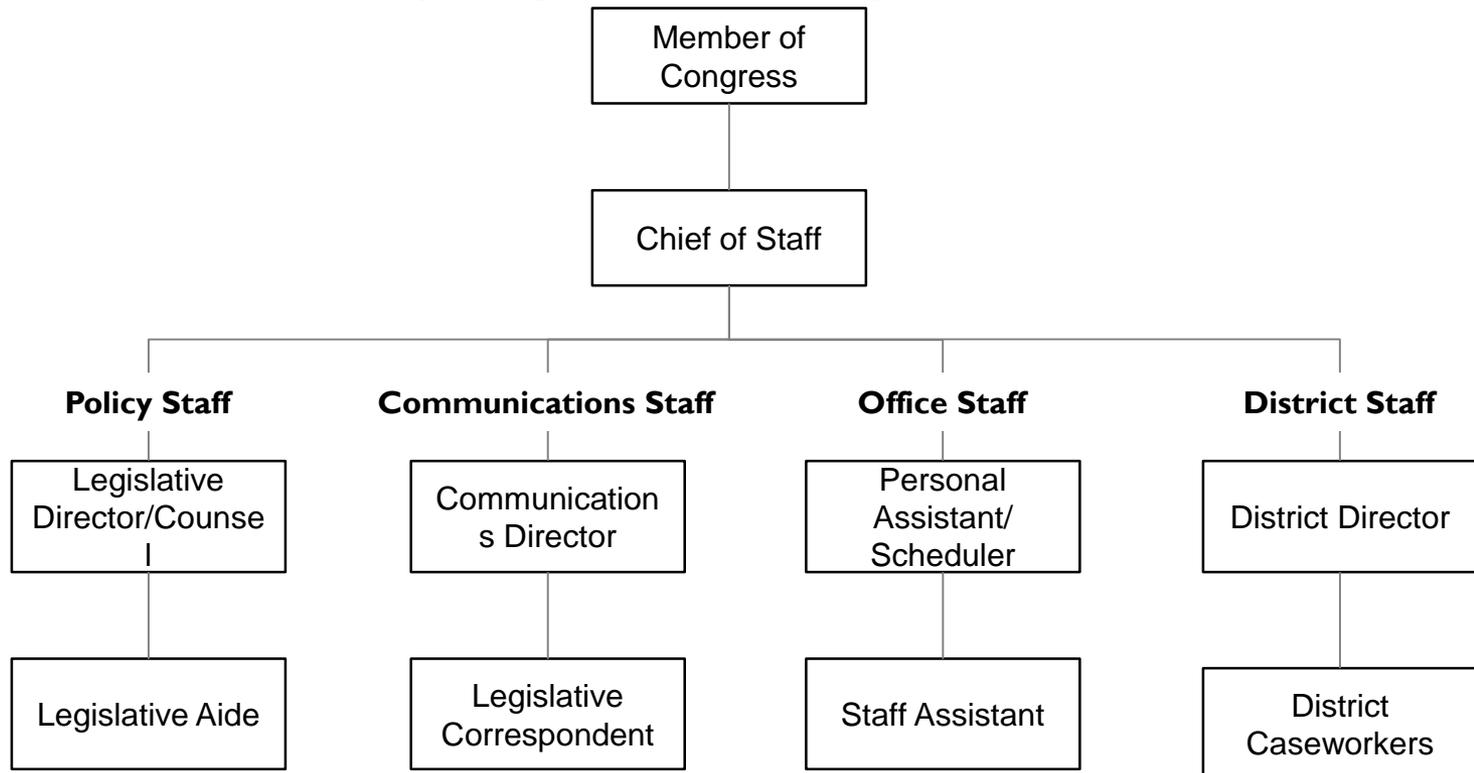


Women Gain in Senate

— House — Senate

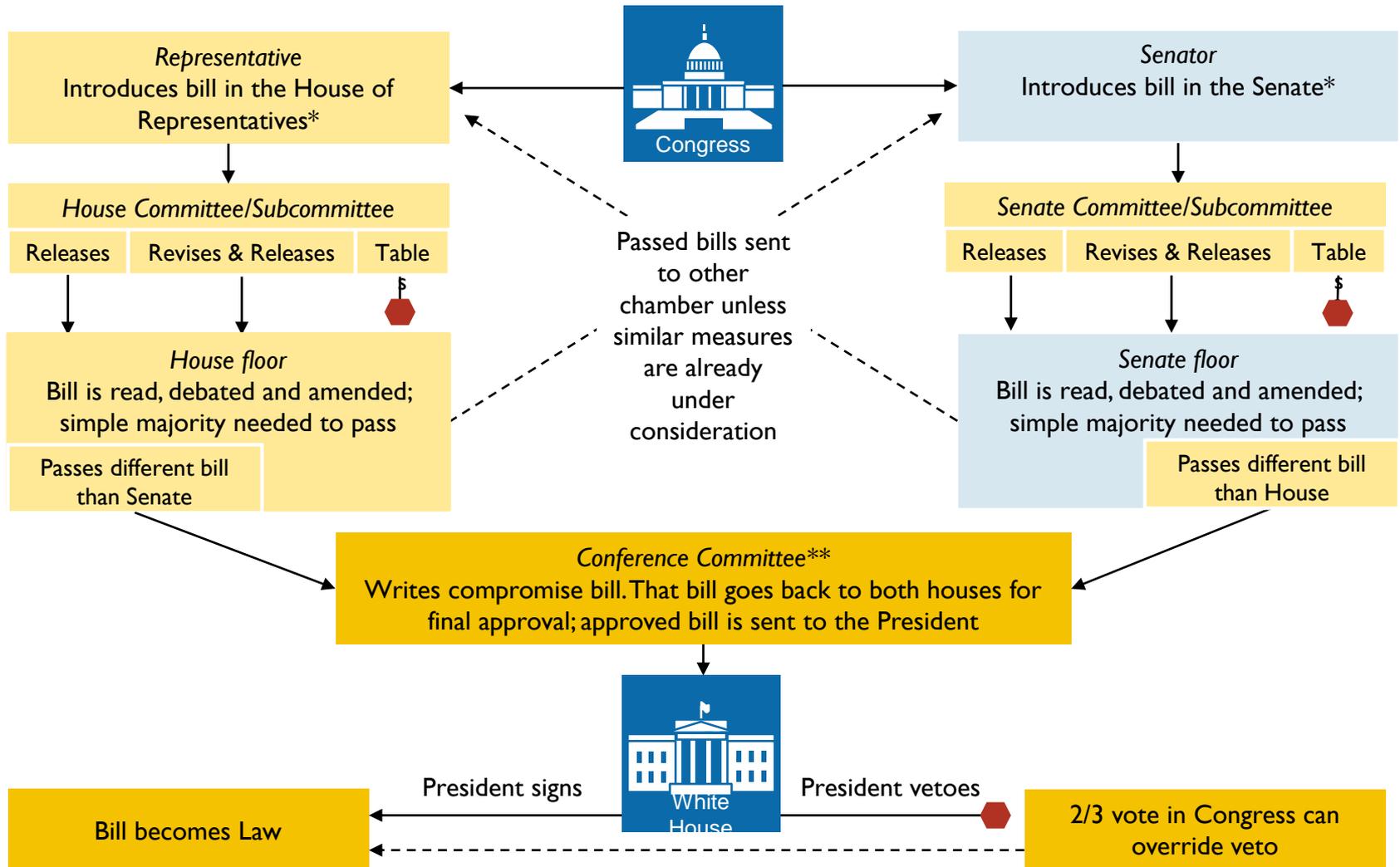
CONGRESSIONAL OFFICE STRUCTURE

Sample Organization of a Congressional Office



Source: "Hit the Ground Running: 112th Congress Edition," Office of Rep. Eric Cantor.

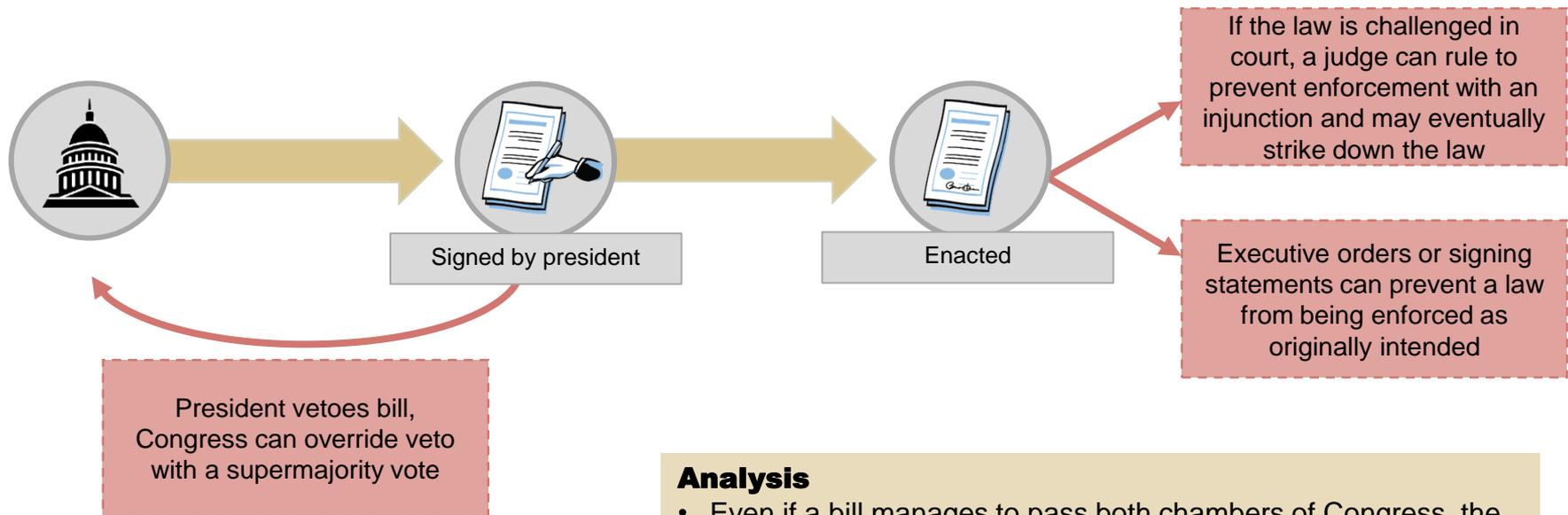
HOW A BILL BECOMES A LAW



*Legislation may be introduced in either chamber except for tax law, which must originate in the House **Most major legislation goes to conference committee; When one chamber passes legislation originating in the other without making changes, bill goes directly to President

HOW A BILL DOES NOT BECOME A LAW

Process and obstacles for enacting and enforcing laws



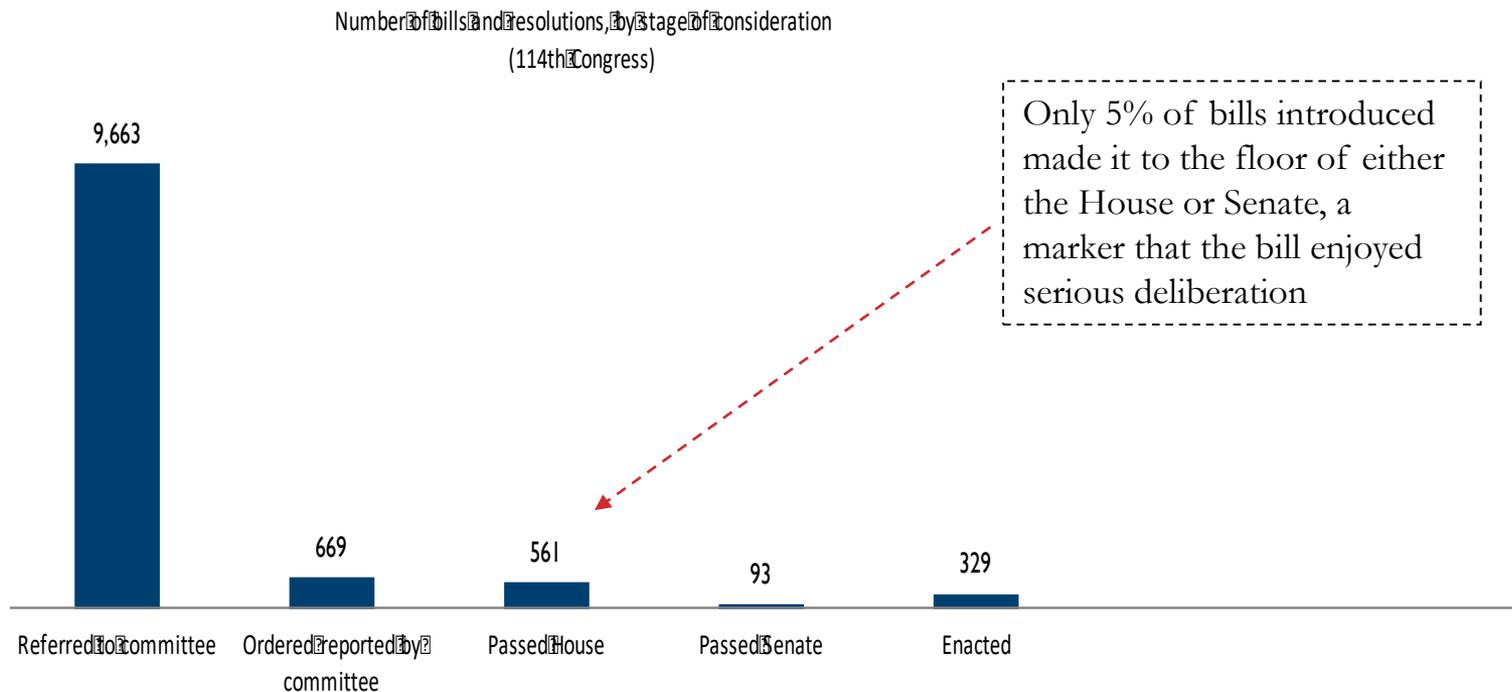
Analysis

- Even if a bill manages to pass both chambers of Congress, the president can use vetoes, executive orders, or signing statements to prevent the bill from being enacted or enforced
- Opponents of the bill, including those outside of the legislative process, can prevent the law from being enacted by mounting a successful legal challenge



ONLY 3% OF BILLS INTRODUCED IN 114TH CONGRESS BECAME LAW

A breakdown of the legislative process in the 114th Congress

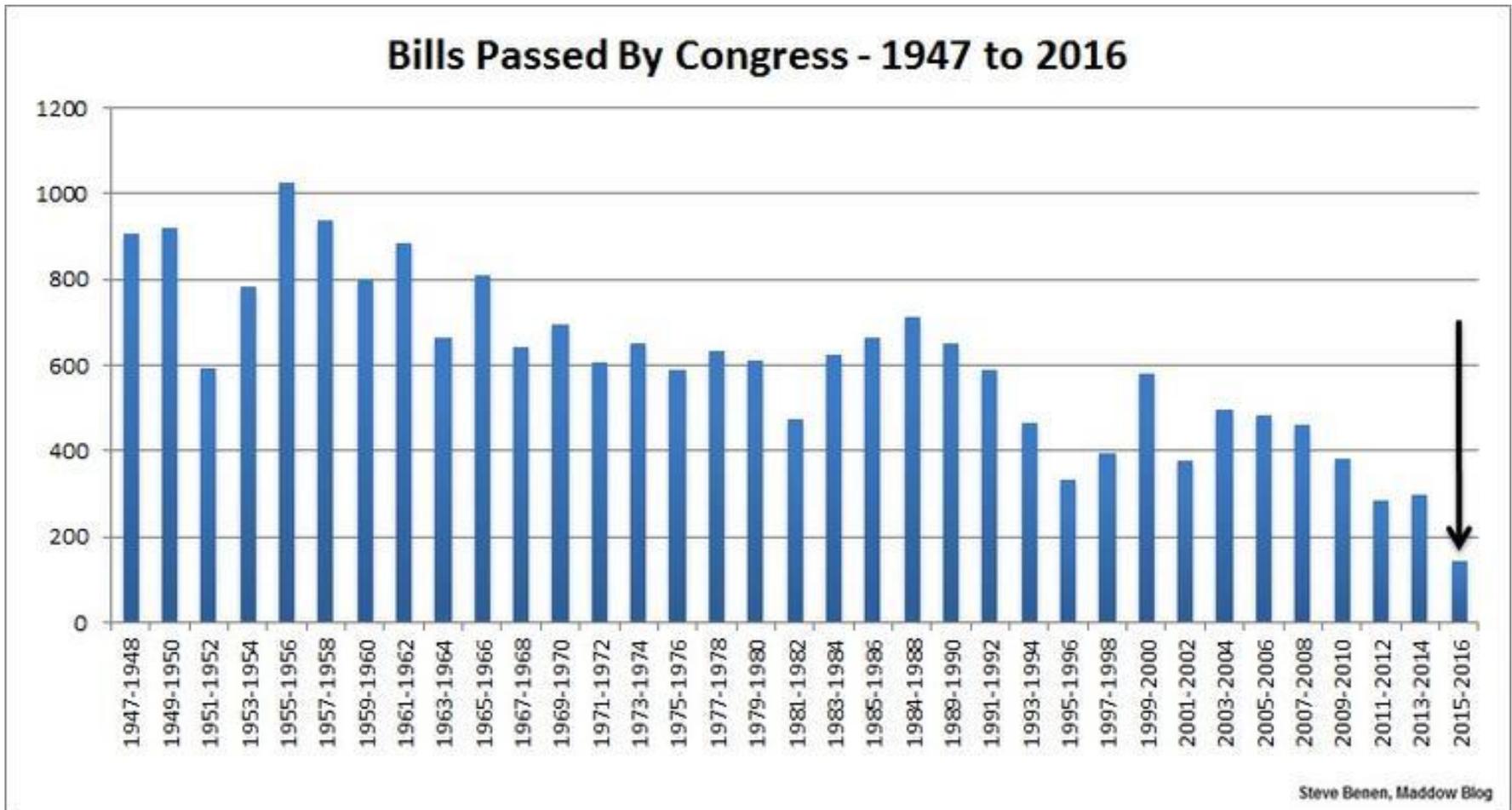


Analysis

- The vast majority of legislation (86%) in the 114th Congress failed to become law, and most never even came close; only 5% of bills and resolutions were voted on in at least one chamber

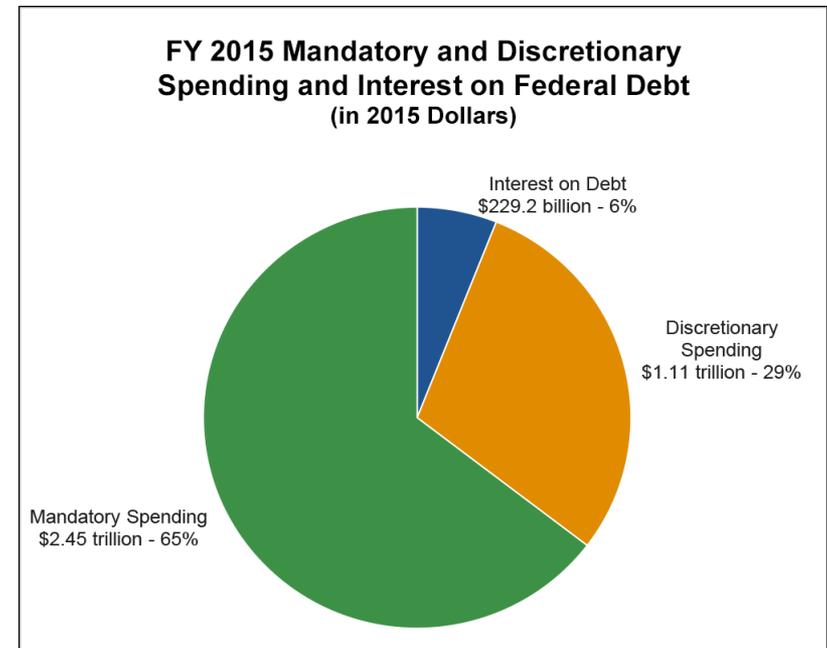
POLITICAL CONTEXT

Congress' overall productivity is diminishing over time:



FEDERAL BUDGET OVERVIEW

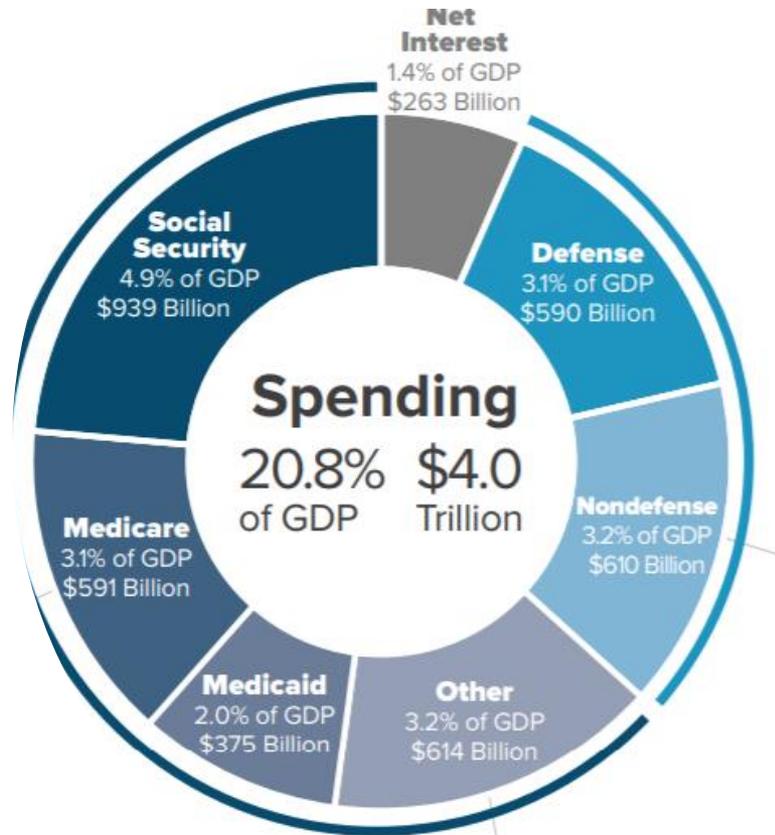
- Two Types of Federal Spending: Mandatory and Discretionary
- **Discretionary**: Annual Appropriations – Defense; Environment; Veterans Affairs; Indian Health Service; BIA; BIE; Transportation; FDA – most federal agencies
 - **Benefits**: Can change from year to year (increase); ALWAYS passes Congress so stability is there
 - **Cons**: Can change from year to year (decrease); Top-line discretionary spending getting cut – compete with other priorities
- **Mandatory**: Spending that Congress legislates outside of the annual appropriations process -- Social Security; Medicare, CHIP; Medicaid; SDPI
 - **Benefits**: Funding is more stable because authorization = appropriation
 - **Cons**: Must pass legislation to exist as a program; funding level is rigid



FEDERAL SPENDING 2017

Mandatory Spending

13.1% of GDP
\$2.5 Trillion



Discretionary Spending

6.3% of GDP
\$1.2 Trillion

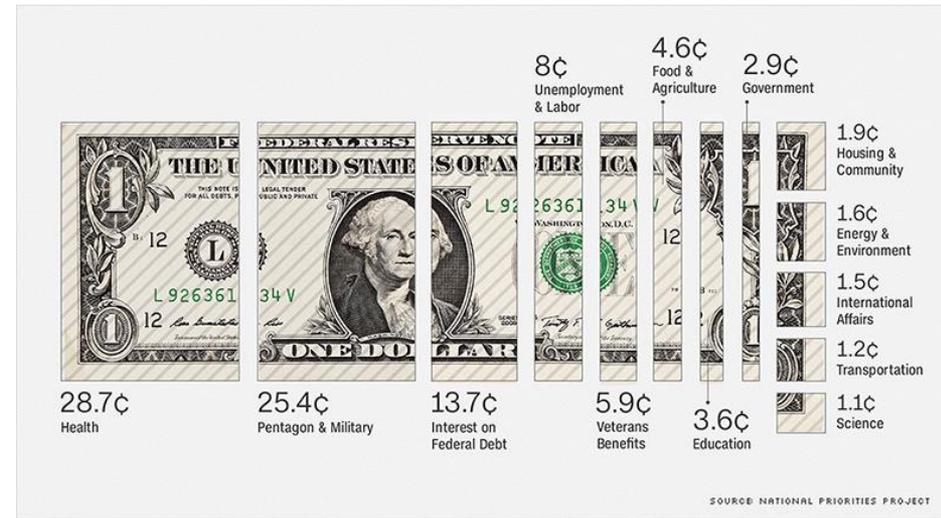
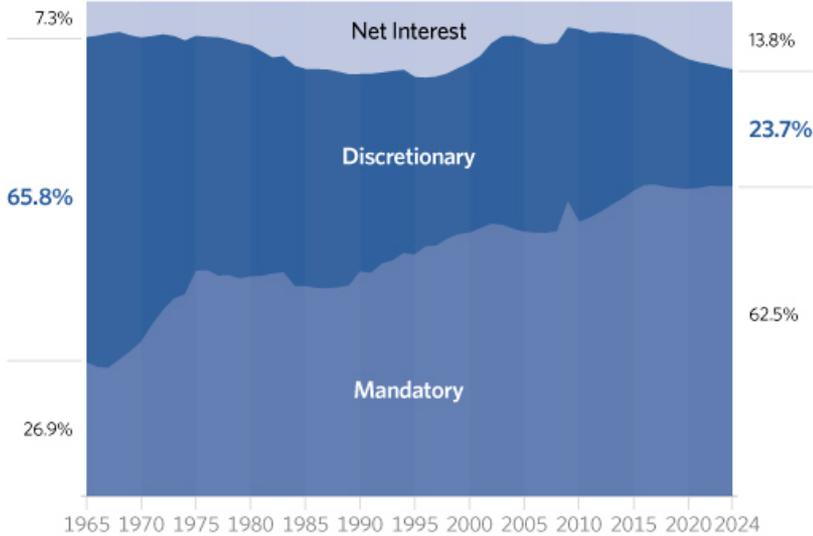


POLITICAL CONTEXT

THE FEDERAL BUDGET

As Entitlement Spending Grows, the Discretionary Share of the Budget Falls

SHARE OF TOTAL FEDERAL SPENDING



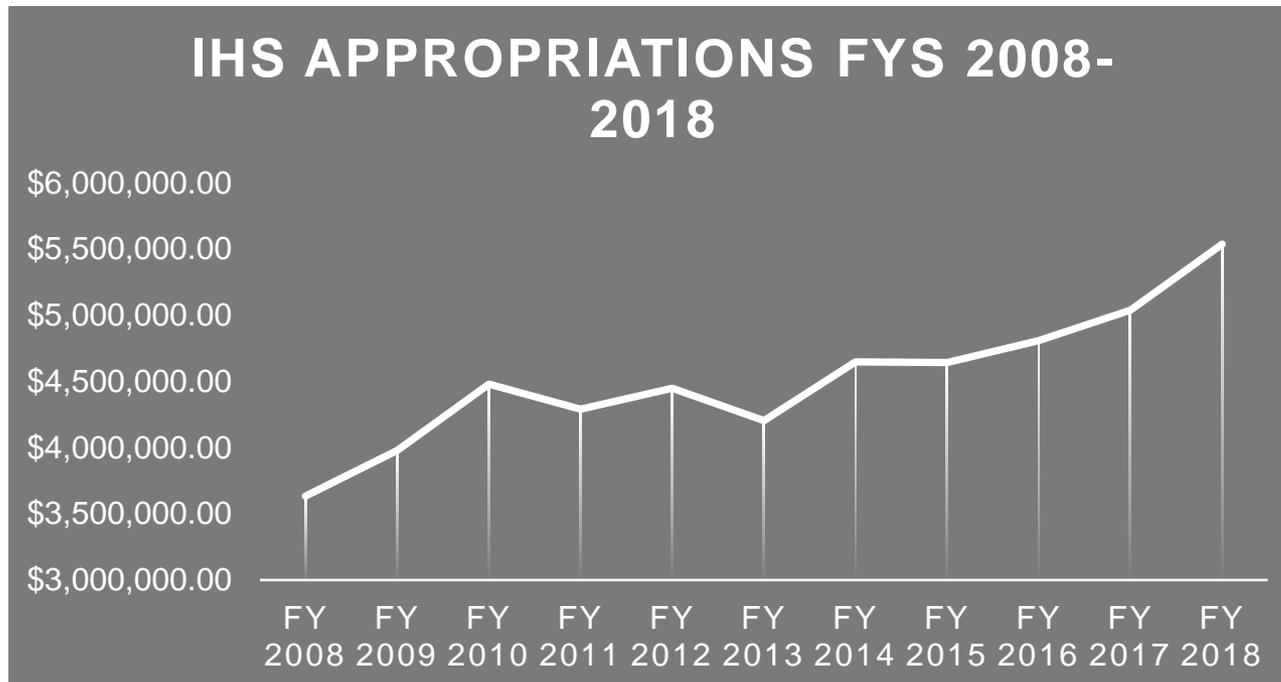
- Discretionary as a percentage is going down over time



IHS SINCE 2008...

IHS has increased by about \$2.2 billion since FY 2008

- About 52% increase overall
 - Hospitals And Clinics increased 38%
 - Purchased / Referred Care: increased 66%
 - Contract Support Costs increased 168%
 - Facilities increased (not including ARRA) (131%)



FY 2019 PRESIDENT'S BUDGET

**Meanwhile.... The President Submitted his
FY 2019 budget to Congress on February 12**

**\$3.6 trillion in domestic spending cuts, including a 21%
cut to the Department of Health and Human Services**

Eliminates LIHEAP

Major cuts to Cuts SNAP

**Eliminates the Community Services Block
Grant**

**\$10 billion investment in opioid funding at
HHS**

- **\$150 million in “competitive grants” at IHS
to address the opioid crisis**



FY 2019 PRESIDENT'S BUDGET – INDIAN HEALTH SERVICE

FY 2019 proposes \$5.4 billion for IHS in FY 2019

**Increases to Hospitals and Clinics / Purchased Referred Care / Mental Health
Alcohol and Substance Abuse**

Eliminates Community Health Representatives; Health Education programs

- "to prioritize direct health care services and staffing and operating costs for new and replacement facilities."

No (known) investment in Health IT, despite VA receiving \$1.2 billion

**Moves SDPI (and certain other health programs) from “mandatory” to
“discretionary” funding.**

**February 16 – Tribal Budget Formulation Workgroup wrote to the Office of
Management and Budget Director asking for better consultation on the
budget and emphasizing the support for CHRs and Health Education**

**Deadline to Testify before House Appropriations is April 6, 2018 for Hearings on May 9 and 10
– visit www.appropriations.gov and go to the Interior, Environment Subcommittee**

WHERE DO WE ADVOCATE?

Pillars of Advocacy



Legislative

Political

Regulatory



WHO SHOULD WE BE TALKING TO?



YOUR OWN SENATORS AND REPRESENTATIVES

- **You should always establish a good relationship with your own Senators and Representatives**
 - Invite them to Tribally sponsored events on the reservation
 - Make sure you know the district staff in your area.
 - Call local office to set up meetings
- **Visit www.senate.gov or www.house.gov to find your representatives**
- **It is recommended to know all representatives from your state – especially if they are on the relevant committees**

OTHER KEY HOUSE PLAYERS

- **Congressman Tom Cole (OK-04), NA Caucus Co-Chair / Labor H Chair**
- **Congresswoman Betty McCollum (MN-04), NA Caucus Co-Chair / Interior Approps Ranking**
- **Congressman Ken Calvert (CA-42), Interior Appropriations Chair**
- **Congressman Greg Walden, Chairman, Energy and Commerce Committee**
- **Markwayne Mullin (OK-02), Energy and Commerce Committee, Health Subcommittee Member, IHS designee**
- **Raul Ruiz (CA-36), Energy and Commerce committee**
- **Don Young (AK-AL)**
 - Chair of Subcommittee for American Indian and Alaska Native Affairs
- **Norma Torres (CA0)**
 - Ranking Democrat for American Indian and Alaska Native Affairs



OTHER KEY SENATE PLAYERS FOR INDIAN HEALTH

- John Hoeven (ND)
- Lisa Murkowski (AK)
- John Thune (SD)

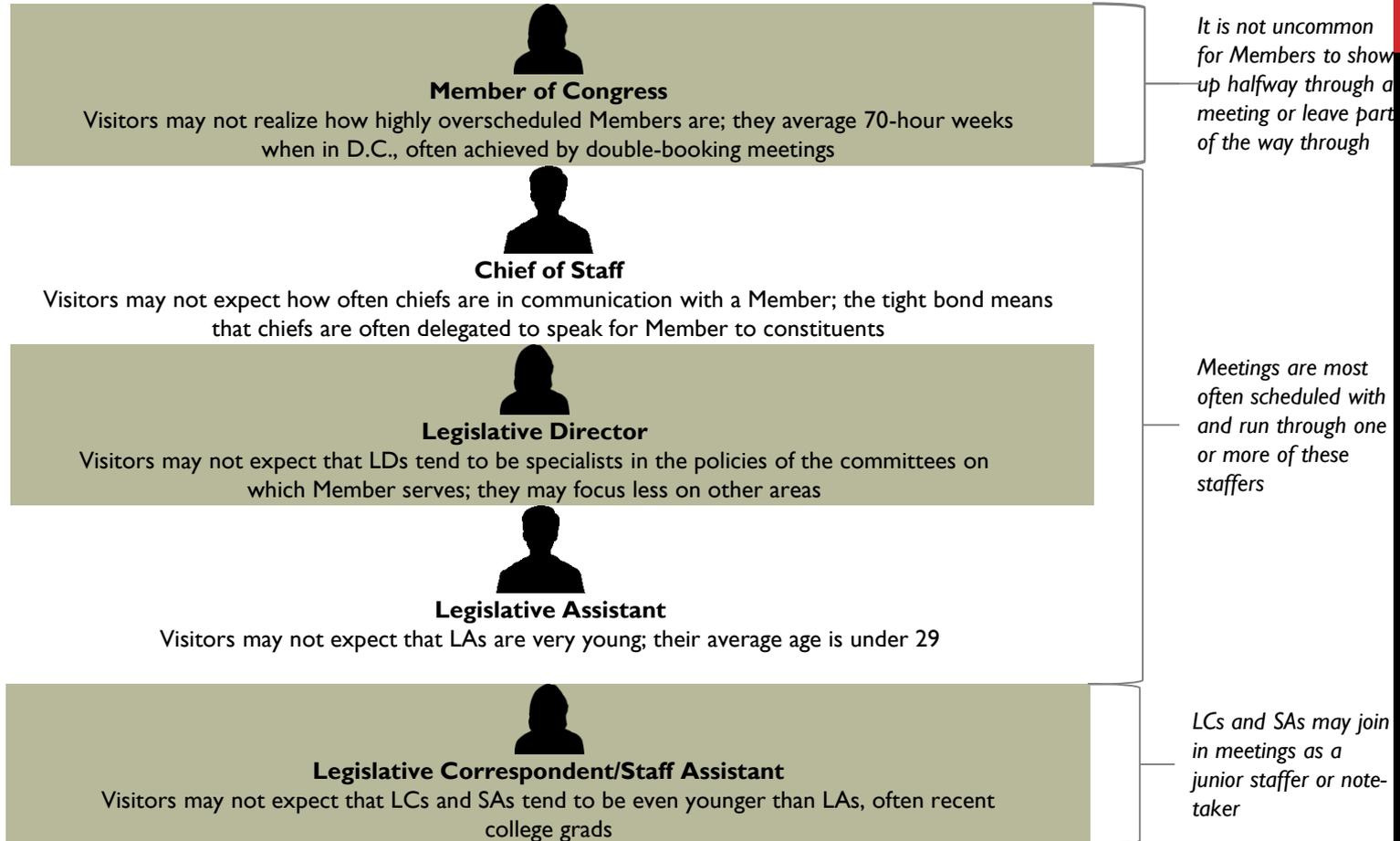
- John Tester (MT)
- Tom Udall (NM)
- Heidi Heitkamp (ND)



COURTESY: NORTH DAKOTA STATE GOVERNMENT



EXPECT TO MEET WITH STAFFERS DURING HILL VISITS



Analysis

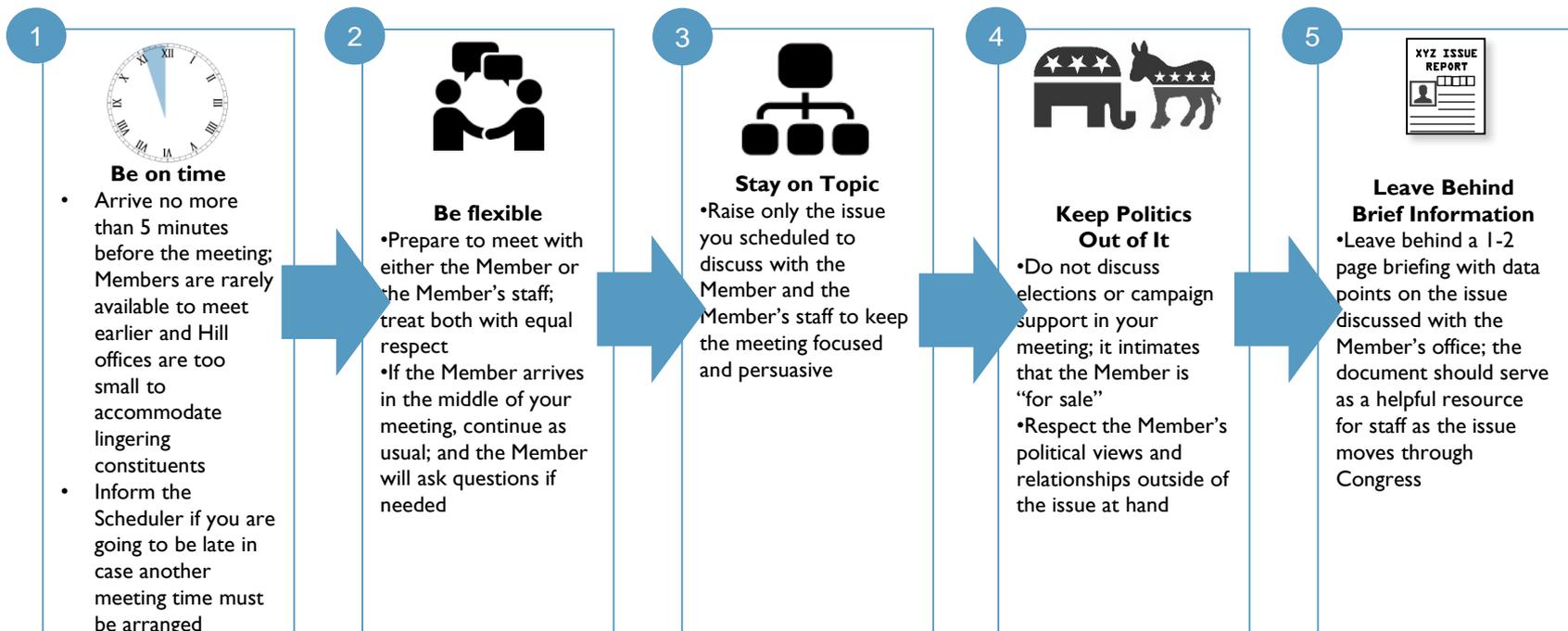
Because members of Congress are often running from meeting to meeting to vote, staffers will often have more time to devote to a meeting, and be more capable of affecting any takeaway

WHAT SHOULD WE BE SAYING?



PREPARING FOR MEETINGS WITH MEMBERS OF CONGRESS

What to Keep in Mind When Conducting a Meeting with a Member of Congress



OTHER TIPS

- ❖ Arrive with some knowledge of the Member: What Committees are they on? How long in Congress? How close was their last election?
- ❖ Introduce yourself: Who are you and why you are important. Brag a little about cool things your Tribe/ health facility is doing at home.
- ❖ Get to the point: Don't spend a lot of time beating around the bush. Your overview and ask should be no more than **3 minutes**
 1. Be prepared to answer questions
 2. Offer your assistance to provide more information or to talk further



OTHER TIPS

- ❖ Assume the staffer/ Member doesn't know anything about AI/ANs: Make sure to explain why you are not an “Entitlement” and why federal trust responsibility is critical.
- ❖ Make it personal: Make sure to emphasize why this “ask” should matter at home. Will people lose services? Will there be jobs lost? What will happen to the community?



FOLLOW UP!

Use Meeting Follow Up to Build Trust, Serve as Resource

Quick Takes

- Advocates can become trusted resources for lawmakers by following up and keeping in touch with Members of Congress after face-to-face meetings
- Advocates should consider the following actions to position themselves as effective and trustworthy advocates for their issue

Tips for Following Up a Meeting with a Member of Congress



Send a Thank You Message

- Send a follow-up e-mail several days after meeting with a Member
- Keep the message brief, thank the office for their time, and remind the office of the issue at hand
- Leave a link to a reliable source of information on the issue for the office to refer to



Attend Events in the District

- Attend town hall meetings or other public events in the district to build a stronger relationship with your representative
- Find opportunities to engage in policy matters in the district and serve as trustworthy resource to earn visibility for your issue



Stay in Touch

- Do not over-communicate with Members of Congress, but do pass along new information about your issue as it is released
- Communicate with your representative in a respectful and informative manner to gain the representative's respect—for you and your points of view



BUT WHAT IF YOU CAN'T GET TO WASHINGTON DC??



WRITE!

- If you can't get a meeting with a Congressional Office at home or in the district write a letter from your Tribe
- Email is the best way – Find out who handles the issue at the staff level and send directly.
- Organize a letter-writing campaign
- Pass a Tribal Resolution
 - NIHB can help with sample letters and Resolutions

#AdvanceIHS

It's Simple: IHS Should Be Able to Plan in Advance



The Indian Health Service (IHS) delivers health care directly to approximately 2.2 million American Indians/Alaska Natives every year, yet it lacks the ability to plan its budget in advance. Annual rituals of political bickering in Washington often result in a late budget from Congress, making planning even more difficult for IHS. This means that IHS and Tribal health providers are seriously limited in their ability to recruit and maintain health professionals; plan programmatic activity; and in providing seamless, coordinated care.

Stand with NIHB today in advocating for the IHS Advanced Appropriation bills (H.R. 3229 and S.1570) which would shield IHS patients like your grandparents, children and loved ones from unacceptable threats like late budgeting and government shutdowns. The political environment of budget uncertainty and late funding means Indian Country needs to take action TODAY.



HOST A SITE VISIT TO YOUR TRIBAL NATION

- Invite the Member of Congress or their staff to your facility or Tribe
- First-hand experience will help them learn about innovating things you are doing, but also challenges.
 - Native youth are a big interest for MoCs
- Have them speak with health directors, administrators, patients, employees
- If they don't respond – **KEEP**



TRYING

BE A GRASSROOTS GURU



- Engaging other community members is really the key to effective advocacy. There is power in NUMBERS.
- Go to community events / fairs/ pow wows, school events, sporting events, and talk about these issues
- Have people fill out postcards, record a testimonial on your phone, write down their experience
- Pass out information with issues on how folks can help
- Take people's pictures holding a sign



PUBLIC HEALTH ISSUES – 115TH CONGRESS

Opioids

- Congress is considering several bills relating to addressing the opioid Crisis across the nation.
- Senate HELP Committee released a comprehensive opioid package
 - 2% Tribal set aside for grants to help with infants with substance abuse disorder
 - Funding for disease surveillance
 - IHS included on trauma informed care task force
- Energy and Commerce Committee is creating a package of opioid legislation to be marked up before Memorial Day
 - Staff willing to work with us and would like “wish list” of top priorities to include



PUBLIC HEALTH ISSUES – 115TH CONGRESS

Opioids

- Bills introduced S. 2270; S. 2437 (10% set aside); and H.R. 5140
 - All grant access to the State Targeted Response to Opioids
 - S. 2437 that provide 10% Set-aside within the program
- CARA 2.0 – S. 2456 Introduced by Senator Portman (R-OH). Asking for changes to help Indian Country including:
 - Access to technical assistance grants for naloxone training; inclusion of Tribal law for prescribing exemptions; access to funding for pregnant and post partum women; and consultation requirement on state PDMPs.
- Senator Warren Legislation – would create 10% Tribal set-aside for formula-based grants for opioids; additional funding for data for surveillance to epi-centers; possible study on impacts of deferred care at IHS on opioid crisis



PUBLIC HEALTH ISSUES – 115TH CONGRESS

Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPA)

- Up for Reauthorization – Senate HELP Committee is taking the lead on this
- Asking for Tribes to be included in Hospital Preparedness Program (ASPR) and the Public Health Emergency Preparedness Cooperative Agreements (CDC)

PUBLIC HEALTH ISSUES – 115TH CONGRESS

Farm Bill

NIHB Working with the Native Farm Bill Coalition to advance tribal nutrition priorities which are:

- 1. Authorize Tribes to enter into self-determination contracts pursuant to P.L. 93-638 for administration of food assistance programs.**
- 2. Expand the Food Distribution Program on Indian Reservations (FDPIR) through increased funding for purchasing of traditional foods, infrastructure development, and nutrition education.**
- 3. Provide Tribes with base funding to develop or expand traditional foods programs**
- 4. Require a CBO or CRS inquiry into the impact of drastic cuts or elimination of food assistance programs on the overall food security of Tribes.**



HOW NIHB SUPPORTS TRIBAL MESSAGING AND ADVOCACY TRIBES

NIHB is here to help Tribes tell that story.

We can help with:

- Congressional Testimony
- Regulation Comments
- Site Visit tips
- Visiting Congress on your behalf
- Arranging Hill Visits
- Sample Letter / Resolutions



Other services:

- Mentorship
- Washington Report
- Health Reporter
- Medicare, Medicaid Policy Committee (MMPC)
- Appropriations & Policy Analysis
- Public Health Digest

CONCLUSION

- It is critical to talk to Congress in order to get things done
- If you know the system, you can make it work to your advantage
- Always work with others if possible.
- Work all angles – executive and legislative

