## LEGISLATIVE SUMMARY SHEET <br> Tracking No. O188-18

DATE: May 30, 2018


#### Abstract

SUBJECT AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, NAABIK'IYATI' COMMITTEES; SUPPORTING THE FOUNDATION TO IMPROVE CARE ACCESS FOR NATIVE AMERICANS (FICANA) IN ITS INITIATIVES TO REDUCE THE NEED FOR AMPUTATION ON THE NAVAJO NATION THROUGH INTERVENTION CARE IN THE AREAS OF LIMB PRESERVATION AND OTHER DISEASE STATES BEST TREATED BY MINIMALLY-INVASIVE CARE


PURPOSE: The purpose of this legislation is to support efforts to improve access to needed care to reduce necessity of amputations on the Navajo Nation.

This written summary does not address recommended amendments as may be provided by the standing committees. The Office of Legislative Counsel requests each Council Delegate review the proposed resolution in detail.

PROPOSED STANDING COMMITTEE RESOLUTION $23^{\text {RD }}$ NAVAJO NATION COUNCIL—Fourth Year, 2018 INTRODUCED BY


TRACKING NO. O188-18
B. These efforts have included efforts to save limbs and preserve mobility and independence of Navajo patients suffering from diseases affecting circulation by reducing the number of amputations through early intervention.
C. Access to such intervention care is central to the ability to preserve affecting limbs.
D. The Foundation to Improve Care Access for Native Americans (FICANA) based in Flagstaff, Arizona is working to initiate and extend such care to members of the Navajo Nation. See Exhibit A.
E. The Health, Education and Human Services Committee of the Navajo Nation Council finds it to be in the best interest of the Navajo People to support and encourage FICANA and other similar efforts working to improve the accessibility and quality of health care on the Navajo Nation.
F. The Naabik'iyati' Committee of the Navajo Nation Council finds it to be in the best interest of the Navajo People to support and encourage FICANA and other similar efforts working to improve the accessibility and quality of health care on the Navajo Nation.

## NOW THEREFORE, BE IT RESOLVED:

A. The Health, Education and Human Services Committee of the Navajo Nation Council hereby supports and encourages FICANA and other similar efforts working to improve the accessibility and quality of health care on the Navajo Nation.
B. The Naabik'iyati' Committee of the Navajo Nation Council hereby supports and encourages FICANA and other similar efforts working to improve the accessibility and quality of health care on the Navajo Nation.







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#### Abstract

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#### Abstract

DESCRIPTION Founded in 2017, The Foundation to Improve Care Access for Native Americans (FICANA) is a 501(c)(3) Non-Profit Organization dedicated to address the health disparities in rural and urban Native American Communities. The goal of FICANA is to partner with health care leaders serving the Native American population to identify these barriers to care, and to create practical, sustainable, and local solutions to improve access to quality health care and improved outcomes in a way that resonates with the values and the spirit of the Native American Community. In particular, FICANA is dedicated to reducing non-traumatic amputations in Native America by providing Communities with the key elements of a Limb Preservation Medical Home.

INVESTMENT OPPORTUNITY FICANA is seeking $\$ 1.5$ million in working capital over 2 years to develop a Mobile Health program designed to deliver comprehensive Cardiovascular diagnostic examination with immediate physician/surgeon consultation, interventional treatment scheduling, and arrangement of patient transport and lodging with assistance of Telemedicine and Patient Navigators from the Native Community. The Mobile Health program will also provide access to advanced wound care treatment and modalities. Funding will primarily support the development of 4 Mobile Health vehicles and the training of Patient Navigators. The Mobile Health units will be financially self-sustaining, generating revenue as multi-specialty clinics.


## THE NEED FOR CHANGE

The prevalence of Diabetes in the Native American population is 3 times that of the U.S. average, and in some communities, as high as 6 times the national rate. A Native American patient with a Diabetic foot ulcer is 3 times as likely to be treated with an amputation. Once amputated, these patients are 3 times as likely as their cohort in the U.S. to die from an amputation. Those patients surviving after an amputation have an increased rate of onset and severity of co-morbid conditions, including disability. The social impact of an amputation is also greater for the Native American amputee, for whom lost wages and employment have a disproportionately large impact on the family and community where there exists > 50\% unemployment, ubiquitous poverty, and a $78 \%$ likelihood of not being employed following the diagnosis of disability.

## Lack of Primary Prevention Programs:

- Less than $50 \%$ of Native Americans with the diagnosis of Diabetes have received a routine foot exam.
- Most dedicated Native American health care facilities do not have the standard diagnostic modalities required to identify and interpret a patient's relative risk for limb loss.


## Lack of Secondary Prevention Programs:

- Most dedicated Native American health care facilities do not have dedicated Podiatry services, Wound Care services, Advanced Wound Care modalities, or Vascular Interventional services.
- The concept of the multi-disciplinary Limb Preservation Medical home is not currently a standard in dedicated Native American health care facilities


## OPPORTUNITY FOR SOCIAL IMPACT

Although early in the deployment of its 10 Programs, FICANA has already witnessed reductions in overall amputation rates by as much as $85 \%$ in the Communities within which it partners. We anticipate that these rates will continue to improve and be witnessed in other communities, as these Programs are easily replicated and scaled.
These Programs include:

- Education
- Includes Patients, Community, Provider, Staff, Students, and Residents.
- National CME Conferences, and Local Trainings.
- Community Development
- Includes New Facility Development, Medical Home Support, and Community Partnership for Diabetic Screening.
- Patient Assistance
- Transport, Lodging, and Meals for patients accessing distant surgical care.
- Patient Navigation.
- Health Policy And Advocacy


## WHAT PARTICIPANTS SAY ABOUT FICANA

"To my knowledge, FICANA is the ONLY amputotion prevention program of, by, and for the Native American Community that is durable and effective. It will endure and achieve remarkable outcomes because it inspires within its broad range af community, corporate, political, and ocademic partners a strong sense of Health Justice, that is not unrealistic, but practical, attainable, and sustainable."

- Keith Goss, DPM, Chief of Podiatry
"The Foundation to Improve Care Access for Native Americans ("FICANA") is a dynamic organization with a unique purpose and model for making revolutionary health care services more widely accessible ta Native Americans. FICANA's mission, its employment of competent professionals, and its use of state of the art technologies are designed to result in earlier diagnoses, more successful treatments, and ensure fewer health complications arise in association with diabetes and other ailments commonly experienced by Native American populations. These elements, in conjunction with a core element of providing greater education and information in Indian Country, make FICANA efficient and effective in combating amputations and other issues associated with diseases and ailments more-commonly faced by Native Americans and, otherwise, those people Indian Country."
- Brian Lewis, Esq., Brian Lewis Legal


## FICANA IN ACTION

SERVICES: The Patient Assistance program has been instrumental in assisting access for thousands of Native American patients to receive advanced vascular limb reconstructive surgery by some of the most experienced and acclaimed Vascular Interventional Surgeons. Routine access to this surgery would have been unthinkable 5 years ago. But now, over 5,000 limband life-saving surgeries have been performed on this population. In addition, the New Facility Development Program has guided the deployment of 3 surgical facilities optimally located for the Native healthcare-seeking population to receive timely, effective, and local care. By strategically placing these facilities in sites most accessible to the community, the concept of a Limb Preservation Medical Home is within reach. Strategic deployments have also encouraged the employment of Native American Community members into the network of health service partners in this Medical Home.


## PERFORMACE MEASUREMENT AND SOCIAL IMPACT

Over the next 2 years, we anticipate that expanded program implementation across Native American Communities in the Southwest, Mountain West, and Northwest, will create an exponential increase in patient participation in primary and secondary amputation prevention programs, and a dramatic reduction in amputations rates in these Communities


EVIDENCE BASED: Numerous studies have shown that a Limb Preservation Medical Home that is multi-disciplinary, including Podiatry, Advanced Wound Care, Vascular Surgery, and Primary Care with a strong focus on Prevention and Early Treatment, appreciate amputation reductions between 50 and $85 \%$.

SOCIAL IMPACT: Currently FICANA uses the metrics below to track its impact on the Native Community:
Social Indicators:
Limb Preservation Rate.........................................................................................................85\%
Percentage of Service Areas Participating................................................................... $92 \%$
Financial Indicators:
Percentage of Funding spent on Direct Services .......................................................78\%
Annual Direct Services Average Spending per Patient.............................................. $\mathbf{\$ 2 7 5}$

## FINANCIAL SUSTAINABILITY

FICANA receives generous corporate support through charitable donations. Currently, FICANA is working to receive support through Federal Program Grants to initiate its Mobile Health / Telemedicine and Patient Navigation Programs. These programs, once implemented, are financially sustainable as they will be able to bill the appropriate health insurance carriers including Medicare and Medicaid. Furthermore, the estimated revenue generation of these clinics will be able to fund expanded program development.

## SOURCES

- Levels of Diabetes Related Preventative-Care Practices - U.S., 1997-99; MMWR Weekly, 49 (42): 954-8.
- Economic Policy Institute: Native Americans and Jobs - The Challenge and the Promise; Briefing Page \#370, 12/17/2013.
- www.cdc.gov/diabetes/pub/pdf/ndfs_2011.pdf
- Valway, S.E., R.W. Linkins, and D.M. Gohdes 1993. Epidemiology of Lower-Extremity Amputations in the Indian Health Service, 1982-1987. Diabetes Care 16 (suppl. 1):349-353.
- Valway, S., W. Freeman, and S. Kaufman 1993. Prevalence of Diagnosed Diabetes Among American Indians and Alaska Natives, 1987. Diabetes Care 16 (suppl. 1):271-276.
- Sandefur GD, et al. Changing Numbers, Changing Needs: American Indian Demography and Public Health. National Research Council (US) Committee on Population Washington (DC); National Academies Press, 1996.


MEMORANDUM
TO:

FROM:
Honorable Jonathan Hale Navajo Nation Council

Edward A. McCool, Principal Attorney Office of Legislative Counsel

DATE:
May 30, 2018
SUBJECT AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, NAABIK'IYATI' COMMITTEES; SUPPORTING THE FOUNDATION TO IMPROVE CARE ACCESS FOR NATIVE AMERICANS (FICANA) IN ITS INITIATIVES TO REDUCE THE NEED FOR AMPUTATION ON THE NAVAJO NATION THROUGH INTERVENTION CARE IN THE AREAS OF LIMB PRESERVATION AND OTHER DISEASE STATES BEST TREATED BY MINIMALLY-INVASIVE CARE

As requested, I have prepared the above-referenced proposed resolution and associated legislative summary sheet pursuant to your request for legislative drafting. Based on existing law and review of documents submitted, the resolution as drafted is legally sufficient. As with any action of government however, it can be subject to review by the courts in the event of proper challenge. Please ensure that this particular resolution request is precisely what you want. You are encouraged to review the proposed resolution to ensure that it is drafted to your satisfaction.

The Office of Legislative Counsel confirms the appropriate standing committee (s) based on the standing committees powers outlined in 2 N.N.C. $\S \S 500,501$. Nevertheless, "the Speaker of the Navajo Nation Council shall introduce [the proposed resolution] into the legislative process by assigning it to the respective oversight committees) of the Navajo Nation Council having authority over the matters for proper consideration." 2 N.N.C. §164(A)(5).

If the proposed resolution is unacceptable to you, please contact me at the Office of Legislative Counsel and advise me of the changes you would like made to the proposed resolution.

# THE NAVAJO NATION <br> LEGISLATIVE BRANCH INTERNET PUBLIC REVIEW PUBLICATION 

SPONSOR: Jonathan Hale
LEGISLATION NO: _0188-18 $\qquad$

# An Action Relating to Health, Education and Human Services, Naabik'iyati' Committees; Supporting the foundation to improve care access for Native Americans (FICANA) in its initiatives to reduce the need for amputation on the Navajo Nation through intervention care in the areas of limb preservation and other disease states best treated by minimally-invasive care 

Date posted: June 4, 2018 at 1:21pm
Digital comments may be e-mailed to comments@navaio-nsn.gov
Written comments may be mailed to:
Executive Director
Office of Legislative Services
P.O. Box 3390

Window Rock, AZ 86515
(928) 871-7590

Comments may be made in the form of chapter resolutions, letters, position papers, etc. Please include your name, position title, address for written comments; a valid e-mail address is required. Anonymous comments will not be included in the Legislation packet.

Please note: This digital copy is being provided for the benefit of the Navajo Nation chapters and public use. Any political use is prohibited. All written comments received become the property of the Navajo Nation and will be forwarded to the assigned Navajo Nation Council standing committee(s) and/or the Navajo Nation Council for review. Any tampering with public records are punishable by Navajo Nation law pursuant to 17 N.N.C. §374 et. seq.

## THE NAVAJO NATION <br> LEGISLATIVE BRANCH INTERNET PUBLIC REVIEW SUMMARY

LEGISLATION NO.: 0188-18

SPONSOR: Honorable Jonathan L. Hale
TITLE: An Action Relating To Health, Education and Human Services, Naabik'iyati' Committees; Supporting the foundation to improve care access for Native Americans (FICANA) in its initiatives to reduce the need for amputation on the Navajo Nation through intervention care in the areas of limb preservation and other disease states best treated by minimally-invasive care

Posted: June 4, 2018 at 1:21 pm
5 DAY Comment Period Ended: June 9, 2018
Digital Comments received:

| Comments Supporting | None |
| :---: | :--- |
| Comments Opposing | None |
| Inconclusive Comments | None |



THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OE THE NAVAJO NATION COUNCIL to whom has been assigned;

LEGISLATION NO. 0188-18
AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES, NAABIK'IYATI' COMMITTEES; SUPPORTING THE FOUNDATION TO IMPROVE CARE ACCESS FOR NATIVE AMERICANS (FICANA) IN ITS INITIATIVES TO REDUCE THE NEED FOR AMPUTATION ON THE NAVAJO NATION THROUGH INTERVENTION CARE IN THE AREAS OF LIMB PRESERVATION AND OTHER DISEASE STATES BEST TREATED BY MINIMALLY-INVASIVE CARE

Sponsor: Honorable Jonathan L. Hale
Has had under consideration and report the same with the recommendation that Legislation 0188-18 PASS with no amendment and no directive; and therefore referred the same to the NAABIK' IYATI' COMMITTEE OF THE NAVAJO NATION COUNCIL

Respectfully Submitted,


June 11, 2018 - Main Motion
Motion by: Honorable Nathaniel Brown
Seconded by: Honorable Jonathan L. Hale
Vote: $\underline{4}$ in favor; $\underline{0}$ Opposed; Vice-Chairperson Not Voting
Absent (excused): Amber Kanazbah Crotty
Yeas: Nathaniel Brown; Jonathan L. Hale; Steven Begay; Nelson BeGaye Nays: None

