



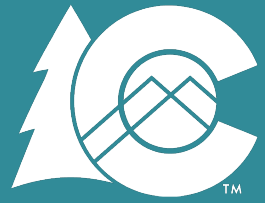
OeHI

Office of eHealth Innovation

# EHEALTH COMMISSION MEETING

WEB-CONFERENCE ONLY

July 13, 2022



# OeHI

Office of eHealth Innovation

NOTE:

NEW ZOOM WEBINAR [LINK](#)

PASSCODE: ehealth

**DIAL IN BY PHONE:**

US: +1 346 248 7799

OR: +1 669 900 6833

WEBINAR ID: 843 6179 7953

IF YOU ARE EXPERIENCING AUDIO OR PRESENTATION DIFFICULTIES DURING THIS MEETING,  
PLEASE TEXT ISSUES TO  
Cierra Childs at 970-216-6817

# July Agenda



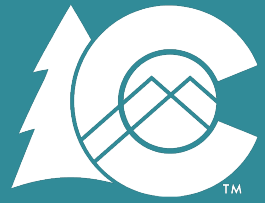
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Title	Start	Duration
<b>Call to Order</b> <ul style="list-style-type: none"><li>• Roll Call and Introductions</li><li>• Approval of June Minutes</li><li>• July Agenda and Objectives</li></ul> <i>Rachel Dixon, Vice Chair</i>	12:00	5 mins
<b>Announcements</b> <ul style="list-style-type: none"><li>• Lt. Governor Remarks</li><li>• OeHI Updates-eHealth Commission Updates</li><li>• Decision Items &amp; Action Items</li></ul> <i>Dianne Primavera, Lt. Governor and Director of the O\$PMOHC</i> <i>Stephanie Pugliese, Director, Office of eHealth Innovation (OeHI)</i> <i>eHealth Commission Members</i>	12:05	10 mins
<b>New Business</b> Alternative Payment Model, Primary Care Collaborative Presentation <i>Tara Smith, Primary Care and Affordability Director</i>	12:15	30 mins
Colorado Commission of Indian Affairs Presentation <i>Kathryn Redhorse, Director</i>	12:45	30 mins
<b>Public Comment Period</b>	1:15	5 mins
<b>eHealth Commission Meeting Closing Remarks</b> <ul style="list-style-type: none"><li>• Open Discussion</li><li>• Recap Action Items</li><li>• Future Agenda Items</li><li>• Adjourn Public Meeting</li></ul> <i>Rachel Dixon, Vice Chair</i>	1:20	10 mins

## OeHI and eHealth Commission Updates

- Have you registered to attend the Innovation Summit yet? Register [here](#), and let OeHI know if you'd like a discounted registration code

Note: If you are experiencing audio or presentation difficulties during this meeting, please text 970-216-6817

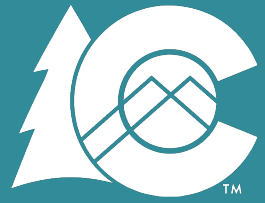


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# Remarks from Lt. Governor Dianne Primavera

*Lt. Governor Dianne Primavera, Director of the Office of Saving People Money on Health Care*



OeHI

Office of eHealth Innovation

# Alternative Payment Model, Primary Care Collaborative Presentation

*Tara Smith, Primary Care and Affordability Director,  
Division of Insurance*



# Primary Care Payment Reform Collaborative

Tara Smith, Primary Care and Affordability Director  
Colorado Division of Insurance  
July 13, 2022



**COLORADO**  
Department of  
Regulatory Agencies  
Division of Insurance

# House Bill 19-1233

Concerning payment system reforms to reduce health care costs by increasing utilization of primary care





# PCPRC Composition & Responsibilities



## RESPONSIBILITIES

- Advise in the development of affordability standards and target investments in primary care
- Analyze the percentage of medical expenses allocated to primary care
- Develop a recommendation of a definition of primary care
- Identify barriers to the adoption of alternative payment models (APMs) by health insurers and providers
- Develop recommendations to increase the use of APMs
- Increase investment in primary care delivery without increasing total costs of care and costs to consumers

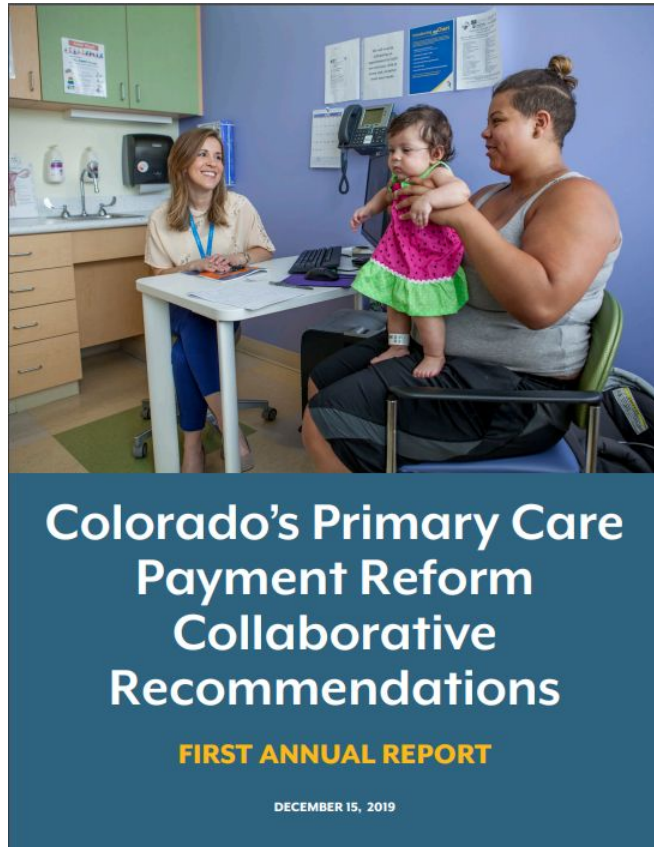


# Primary Care & APM Spending Report - APCD

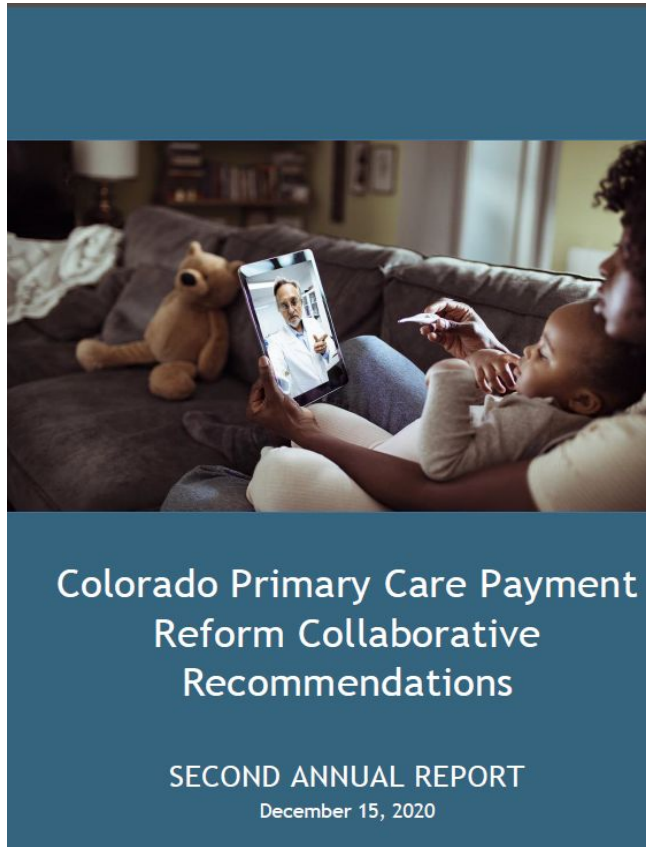
- APCD administrator shall provide an annual report to the Commissioner for use by the PCPRC regarding primary care spending by:
  - Commercial carriers;
  - Colorado's Medicaid program (Health First Colorado); and
  - Children's Health Insurance Program (CHP+)
- Report must include:
  - Percentage of total medical expenditures allocated to primary care;
  - Share of payments that are made through nationally recognized APMs;
  - Share of payments that are not paid on a fee-for-service (FFS) or per-claim basis



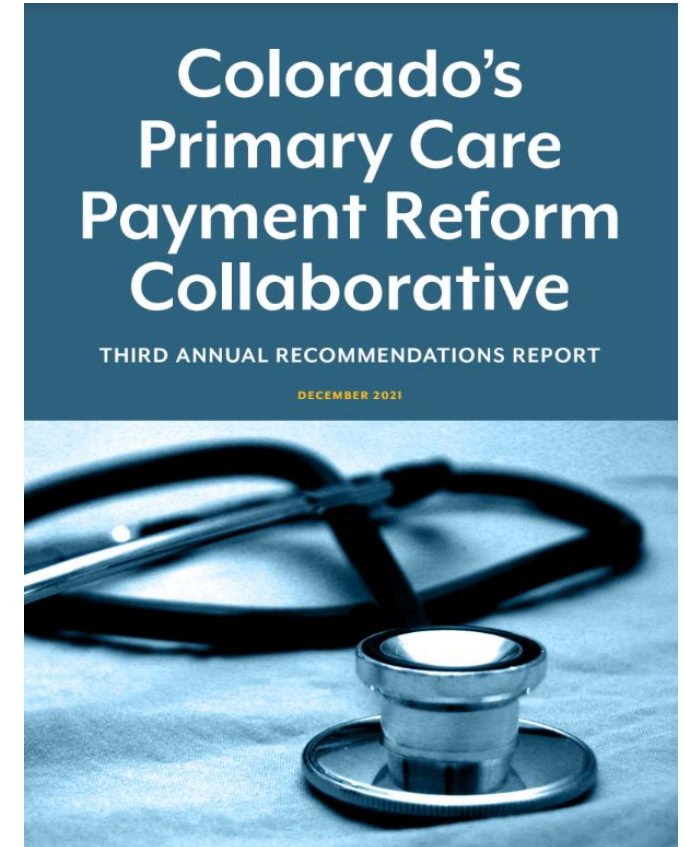
# PCPRC Annual Recommendation Reports



Theme 1: Investing in primary care



Theme 2: APMs and payer alignment



Theme 3: Health equity and collaboration



<https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/primary-care-payment-reform>

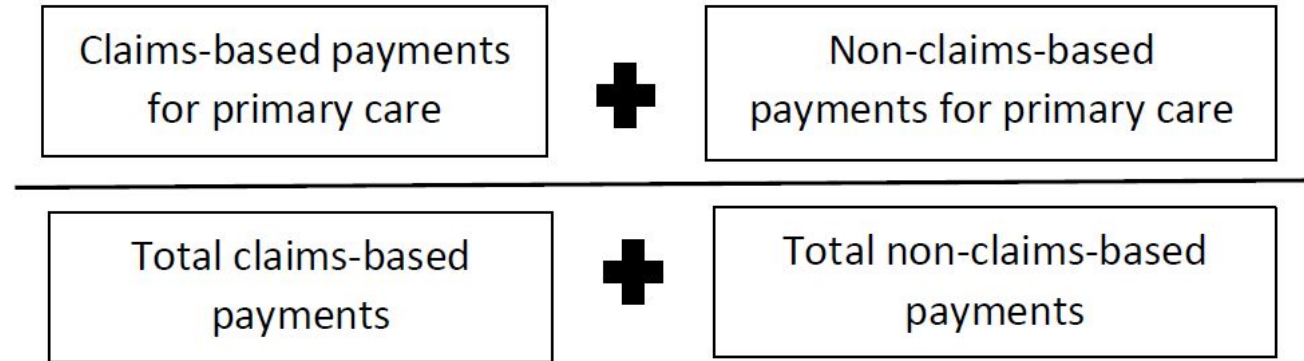
# First Annual Report - 2019

- Definition of primary care
  - Broad and inclusive definition, including diverse provider types under fee-for-service and APMs
- Primary care investment target
  - Increase percentage of total medical expenditures allocated to primary care by one percentage point annually (for 2 years)
- Measuring the impact of increased primary care spending
  - Track and measure short-, medium-, and long-term metrics
- Investing in advance primary care models
  - Support adoption of models that build core competencies for whole person care
- Investing in advance primary care models
  - Support adoption of models that build core competencies for whole person care





# Primary Care Expenditures – APCD Reporting

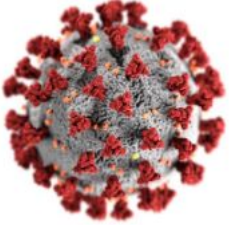


- HCP LAN categorization for APM collection
- Broken out by line of business
- Added fields to identify prospective payments

- Family medicine physicians in an outpatient setting and when practicing general primary care
- General pediatric physicians and adolescent medicine physicians in an outpatient setting and when practicing general primary care
- Geriatric medicine physicians in an outpatient setting when practicing general primary care
- Internal medicine physicians in an outpatient setting and when practicing general primary care (excludes internists who specialize in areas such as cardiology, oncology, and other common internal medicine specialties beyond the scope of general primary care)
- OB-GYN physicians in an outpatient setting and when practicing general primary care
- Providers such as nurse practitioners and physicians' assistants in an outpatient setting and when practicing general primary care
- Behavioral health providers, including psychiatrists, providing mental health and substance use disorder services when integrated into a primary care setting



# COVID-19



## **Recommendations Regarding the Use of Telehealth to Support Primary Care Delivery during the COVID-19 Pandemic and Beyond**

**Colorado Primary Care Payment Reform Collaborative**  
July 2020



1. Continue the expansion of telehealth coverage, including audio-only encounters, for COVID-19 and non COVID-19 related care.
2. Continue payment parity between telehealth and in-person visits, for COVID-19 related and non-COVID-19 related care.
3. Maintain network adequacy for in-person care when indicated and/or preferable.
4. The decision to utilize telehealth in the care of a patient should be made jointly by the patient and the health care provider.
5. Include appropriate components of adult wellness and well-child care visits in covered telehealth services for practices that provide a medical home.
6. Standardize billing requirements for telehealth across carriers. Allow use of either the -95 or -GT modifier. Ensure patients and providers are informed of covered services and billing requirements.
7. Provide patients and providers with clear information on cost-sharing policies related to telehealth visits.
8. Extend the expansion of telehealth coverage, with ongoing evaluation of the impacts on cost and utilization to inform state and federal policy.



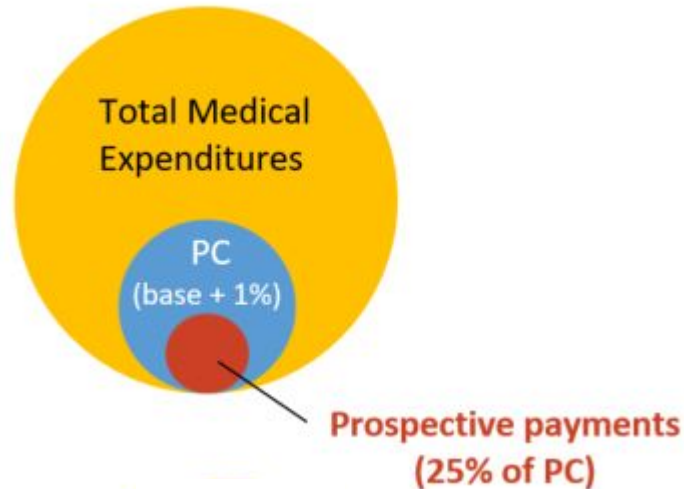
# Second Annual Report - 2020

- Multi-payer alignment
  - Payer alignment improves efficiency, increases potential for change, reduces administrative burden
- Measuring primary care capacity and performance
  - Measures to evaluate APMs should be aligned across payers and reflect holistic evaluation of practice capacity and performance
- Measuring system-level success
  - Measures to determine impact of increased investment at systems-level should examine various aspects of care and value; quadruple aim
- Incorporating equity in the governance of health reform
  - Governance should reflect diversity of population of Colorado
- Data collection to address health equity
  - Data collection at plan, health-system, and practice-level should allow analysis of racial and ethnic disparities



# DOI Regulation 4-2-72

## Primary Care Investment



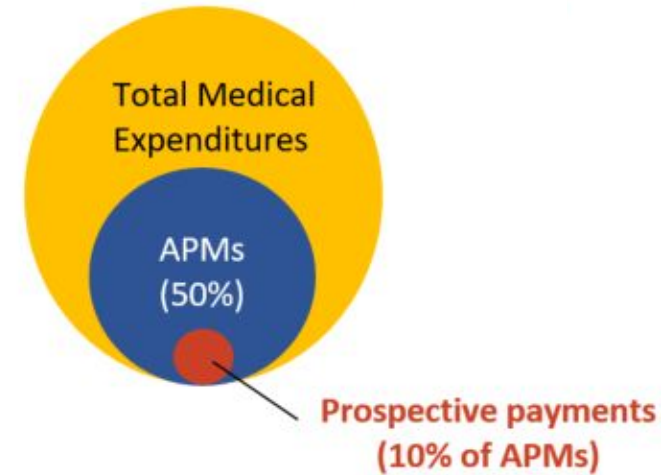
### Requirement:

- One percentage point increase in 2022 and 2023

### Target:

- 25% primary care expenditures through prospective payments by end of CY 2023

## APM Expenditures



### Target:

- 50% of total medical expenditures in APMs by end of 2022
- 10% of APM expenditures through prospective payments by end of CY 2022





# APM Alignment Initiative



**COLORADO**

Lt. Gov. Dianne Primavera

**Office of Saving People Money on Health Care**



**COLORADO**

Department of  
Regulatory Agencies

Division of Insurance



**COLORADO**

Department of Health Care  
Policy & Financing



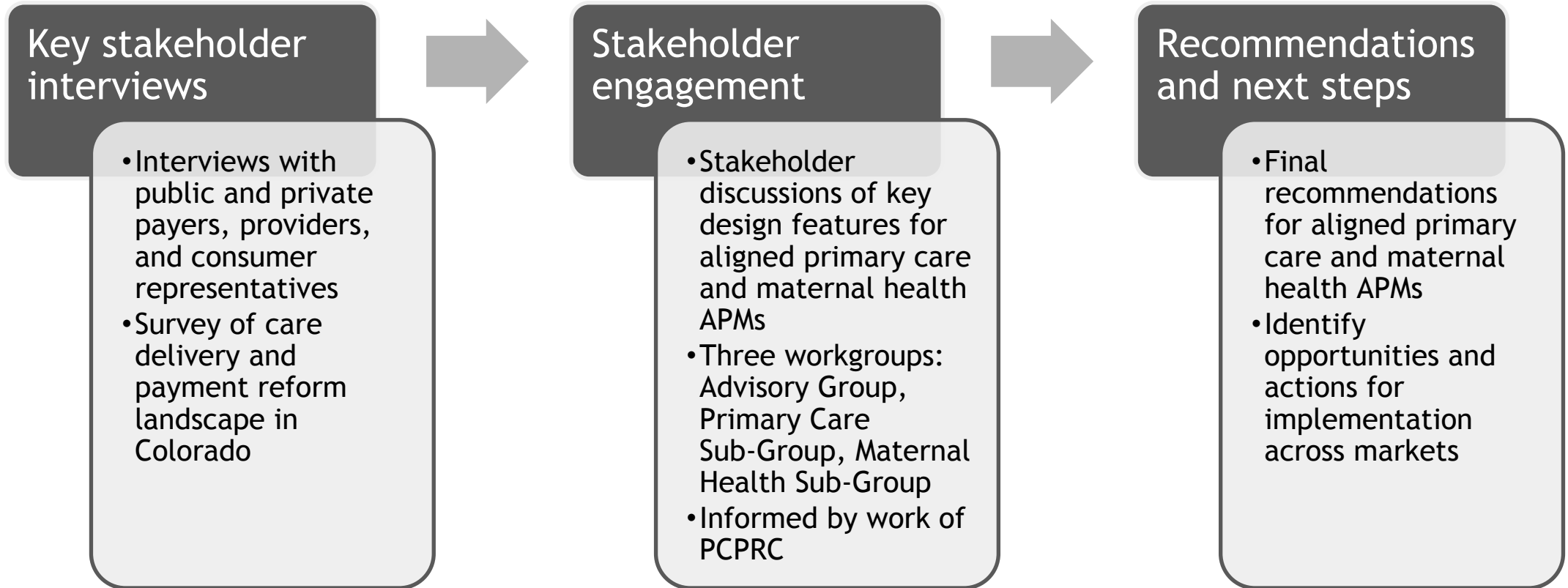
**COLORADO**

Department of Personnel  
& Administration



<https://doi.colorado.gov/insurance-products/health-insurance/health-insurance-initiatives/colorado-alternative-payment-model>

# Structure and process



# APM Alignment Initiative - Final Report

## Primary Care Aligned APM

- Primary care provider types
- Adoption of advanced primary care delivery competencies
- Aligned quality measures
- Support to primary care practices to facilitate transition to APMs
- Advanced APM considerations
  - Services included in APMs
  - Shared savings models for children's care
  - Patient attribution
  - Risk adjustment
  - Prospective payments
- Monitoring APMs for unintended consequences

## Maternity Care Aligned APM

- Episode definition
  - Timing
  - Patient population
  - Services
- Accountable entity
- Aligned quality measures
- Risk adjustment
- Patient attribution
- Provider/practice support



# State Transformation Collaboratives (STCs)

*The STCs offer a new approach to VBC models and APM design.*

## Objective:

Shift the economic drivers away from fee-for-service to a person-centered approach to health through alignment among Medicare, Medicare Advantage, Medicaid, and commercial payers and purchasers in selected states

## Potential Goals:

- Shift 60% of payments to an APM for participating providers in a state
- Avoidable hospitalizations
- 2 to 3 state-specific goals tailored to local needs

## Key Components



4 distinct state collaboratives



Comprised of payers, providers, health systems, purchasers, patient advocates, and community organizations



Locally-focused approach that features state level Medicare and Medicaid alignment



Prioritizes states with greatest opportunity to impact health equity



# State Transformation Collaborative Design Phases

Three distinct phases of the STC facilitate goal-setting, co-creation, and maintains ongoing LAN support.

Visioning			APM Design			Implementation	
Key Elements	Needs Assessment	Goal Setting	Performance Measurement	Care Delivery Redesign	Payment Incentives & Structures	Data Collection & Reporting	Accountability
Objective	Identify ongoing initiatives, state needs, define the goals of the STC, and establish a baseline that will be used to measure progress		Co-create key APM design elements that leverage existing efforts/initiatives to accelerate APM adoption			Track and monitor progress towards achieving the STC's goal, and monitor stakeholder engagement	
Key Outputs	<ul style="list-style-type: none"><li>• Identification of STC focus area and overarching goal for the state (e.g., creation of aligned measure set across payers)</li><li>• 2-3 measurable, time-bound goals that the state will work to achieve</li><li>• Formal roadmap that includes key milestones, estimated project timeline, definition of all STC activities, and defined roles and expectations</li></ul>		<ul style="list-style-type: none"><li>• <i>Key outputs defined after co-creation between the STC, LAN, and CMMI</i></li></ul>			<ul style="list-style-type: none"><li>• Data collection/measurement strategy that outlines how the state and its stakeholders will measure progress</li><li>• Project plan summary that will summarize activities, progress towards goals, and risks</li><li>• Quarterly meetings to track progress and gaps across stakeholder groups</li><li>• Document summarizing public commitments made by stakeholders</li></ul>	
Outcomes	<ul style="list-style-type: none"><li>• Identify the state's ongoing efforts and determine where CMS and the LAN can add value</li><li>• Develop measurable, time-bound goals that state and STC stakeholders will accomplish</li></ul>		<ul style="list-style-type: none"><li>• Co-creation of APM design elements that advance state goals and build on current efforts</li></ul>			<ul style="list-style-type: none"><li>• Launch the STC and collect data to drive accountability</li></ul>	

# Third Annual Report - 2021

- Guiding increased investment in primary care
  - Investments in primary care should be offered primarily through value-based payments and infrastructure investments
- Centering health equity in primary care
  - Health equity must be a central consideration in the design of any APM; APMs should provide resources to support providers and patients in achieving better care and more equitable outcomes
- Integrating behavioral health within the primary care setting
  - A variety of effective models for the integration and coordination of behavioral health and primary care and should be supported through APMs and other strategies
- Increasing collaboration between primary care and public health
  - Increased investment in primary care should support collaboration with public health agencies to advance prevention and health promotion to improve population health



# HB 22 -1325 - Section 1 (10-16-155(3), C.R.S)

- Develop aligned APM parameters for primary care services
  - In partnership with HCPF, DPA, CDPHE, PCPRC, carriers and providers participating in APMs
  - Rules by 12/1/23 for APMs used in health benefit plans on or after 1/1/25

- At a minimum, APM parameters must include/address:

- Risk adjustment parameters
- Patient attribution methodologies
- Set of core competencies
- Aligned quality measure set

- APMs must also:

- Ensure risk/shared savings arrangements minimize financial risk
- Incentivize behavioral health integration
- Include prospective payments
- Preserve options for carriers and providers to negotiate models



# HB 22 -1325 – Section 1 (10-16-155(5) & (6), C.R.S)

## APM technical Support Contractor

- Meeting facilitation
  - Technical assistance, in the form of shared tool(s), operational strategies or other resources, to address payer needs
  - Developing policy for managing anti-trust considerations and concerns
  - Assisting with refinement of metrics or other model components
- Multi-stakeholder symposia
  - Organizing and facilitating twice yearly multi-stakeholder symposia bringing payers and providers together
- Liaison to PCPRC

## Evaluation of implementation and impact

- Design evaluations of aligned primary care & maternal health APMs in commercial market
  - Implementation evaluation
  - Impact evaluation
- Determining metrics
  - Access to care and care quality
  - Patient and provider engagement and satisfaction
  - Health outcomes for primary care and maternal and infant health
  - Carrier expenditures on primary care and maternal health
  - Total health care costs
- Prioritize health equity





# HB 22 -1325 - Additional provisions

- Data collection
  - Leverages reporting through APCD and adjusts report timelines
    - CIVHC report to PCPRC by November 15
    - PCPCR recommendations report published by February 15
  - Adds data related to aligned quality measure set
- Stakeholder engagement
  - Division shall annually consider recommendations on APM parameters & positive carrier incentive arrangements provided by
    - PCPRC
    - Carriers and provider participating in APMs (not on PCPRC)



# HB 22 -1302

- Creates Primary Care and Behavioral Health Statewide Integration Grant Program
  - Administered by HCPF; \$14,750,082 appropriation for grants in FY 22-23 and 23-34
  - Grant recipients obligate or spend by 12/30/24; obligated funds spent by 12/30/26

- Grants may be used to:

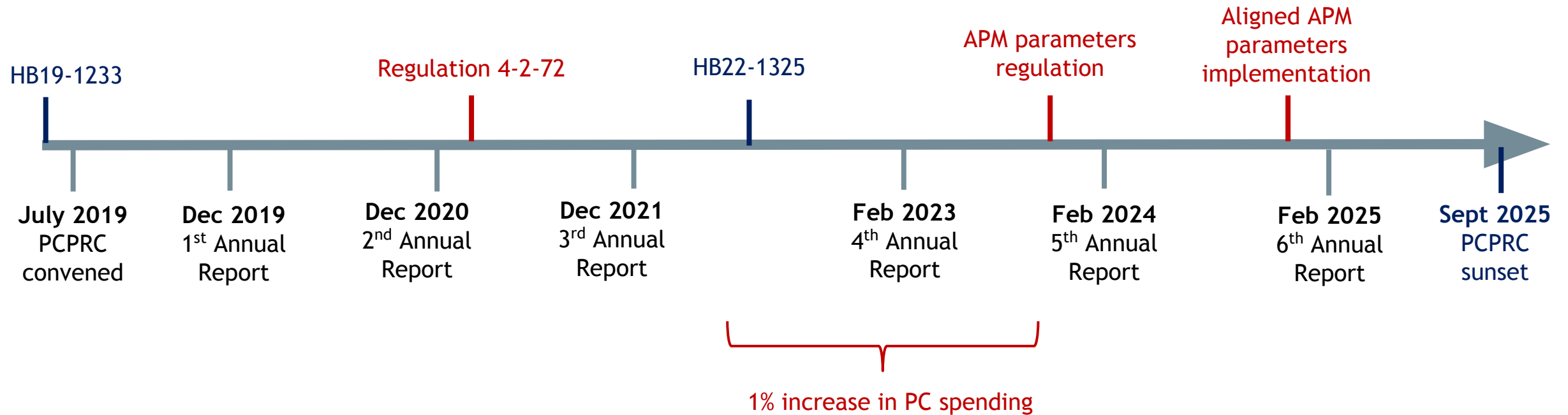
- Develop infrastructure
- Increase access
- Invest in early intervention
- Address expanded workforce needs
- Develop and implement APMs
- Training PCPs in trauma-informed care, ACEs, and trauma recovery

- Applicants must demonstrate commitment to:

- Measurably increase access
- Implement or expand evidence-based models for integration
- Leverage multi-disciplinary teams
- Serve publicly funded clients
- Maintain plans for addressing emergency needs, how technology will be leveraged for whole-person care



# Looking ahead



→  
APM Alignment Initiative

→ (TBD)

State Transformation Collaborative



# Opportunities for collaboration

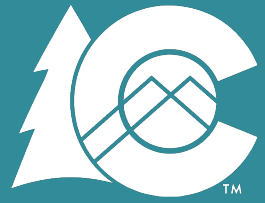
- Broadband and telehealth
  - Access to care
  - Provider reimbursement
- Health equity
  - Collection and sharing of demographic data
  - Measuring/tracking health disparities
- Data sharing
  - Practice transformation
  - Value-based payments
  - Care coordination
  - Social health information exchange





THANK YOU





OeHI

Office of eHealth Innovation

# Colorado Commission of Indian Affairs Presentation

*Kathryn Redhorse, Director,  
Colorado Commission of Indian Affairs*

# Tribal Nations and American Indian/Alaska Native Communities in Colorado

July 13, 2022



# Colorado Commission of Indian Affairs (CCIA)

- Created in 1976 by the Colorado General Assembly
- Official liaison between the State of Colorado and the Southern Ute Indian Tribe and Ute Mountain Ute Tribe
- Works with 46 other contemporary tribes with ties to Colorado
- Maintains relations with Colorado's American Indian and Alaska Native (AI/AN) communities living off tribal lands





# CCIA Membership (Voting Members)

Voting Members	Date Appointed	Designation
<b>Lt. Governor Dianne Primavera</b> Commission Chair	2019	Lt. Governor State of Colorado
<b>Manuel Heart</b> Tribal Chairman	2019	Ute Mountain Ute Tribe
<b>Altson Turtle</b> Tribal Councilman	2019	Ute Mountain Ute Tribe
<b>Melvin J. Baker</b> Tribal Chairman	2020	Southern Ute Indian Tribe
<b>Marjorie Barry</b> Tribal Councilwoman	2020	Southern Ute Indian Tribe
<b>Nicole Miera</b> County and Tribal Liaison	2019	Colorado Department of Human Services ( <b>Michelle Barnes</b> )
<b>Dan Gibbs</b> Executive Director	2019	Colorado Department of Natural Resources
<b>Rachel Bryan-Auker</b> Tribal Liaison	2019	Colorado Department of Public Health & Environment ( <b>Jill Hunsaker Ryan</b> )
<b>Patrick Rondinelli</b> Southwest Regional Manager	2019	Colorado Department of Local Affairs ( <b>Rick Garcia</b> )
<b>Lucille Echohawk</b> Executive Director	July 2019	At-Large Member
<b>Crystal LoudHawk-Hedgepeth</b> Research Associate	July 2019	At-Large Member



# CCIA Membership (Ex-Officio)

Ex-Officio (Non-Voting) Members	Date Appointed	Designation
<b>Julie Constan</b> Region 5 Director	2021	Colorado Department of Transportation ( <b>Shoshana Lew</b> )
<b>Georgina Owen</b> Title VI Coordinator	2015	Colorado Department of Education ( <b>Katy Anthes</b> )
<b>Joshua Montoya</b> County & Tribal Liaison	2018	Colorado Department of Health Care Policy and Financing ( <b>Kim Bimestefer</b> )
<b>Kerri Delarosa</b> Manager	2019	Colorado Department of Corrections ( <b>Dean Williams</b> )
<b>Brett Shelton</b> Staff Attorney	2018	Native American Rights Fund
<b>Holly Norton</b> Executive Director	2021	History Colorado ( <b>Dawn DiPrince</b> )
<b>Bob Troyer</b> Acting U.S. Attorney General	2016	Colorado U.S. Attorney
<b>Elsa Ramirez</b> Executive Officer	2017	U.S. Department of Health and Human Services Region VIII

Ex-Officio (Non-Voting) Members	Date Appointed	Designation
<b>Patty Salazar</b> Executive Director	2019	Department of Regulatory Agencies
<b>Marsha Porter-Norton</b> County Commissioner	2021	La Plata County
<b>Tom Burris</b> Interim Superintendent	2022	Montezuma-Cortez School District
<b>Chris deKay</b> Superintendent	2021	Ignacio School District
<b>Gregory Feslen</b> Montezuma County CSU Extension Agent	2011	Montezuma County
<b>Matthew Baca</b> Office of Community Engagement Director	2019	Colorado Department of Law/ Attorney General's Office ( <b>Phil Weiser</b> )
<b>Kathryn Redhorse</b> CCIA Executive Director	2020	Colorado Commission of Indian Affairs



# Statutory Responsibilities

Enabling Statute C.R.S. 24-44-101. Statutory duties of C.R.S. 24-44-103.

- To coordinate intergovernmental dealings between tribal governments and this state
- To investigate the needs of Indians of this state and to provide technical assistance in the preparation of plans for the alleviation of such needs
- To cooperate with and secure the assistance of the local, state, and federal governments or any agencies thereof in formulating and coordinating programs regarding Indian affairs adopted or planned by the federal government so that the full benefit of such programs will accrue to the Indians of this state



# Statutory Responsibilities (cont.)

- To review all proposed or pending legislation and amendments to existing legislation affecting Indians in this state,
- To study the existing status of recognition of all Indian groups, tribes, and communities presently existing in this state,
- To employ and fix the compensation of an executive secretary of the commission, who shall carry out the responsibilities of the commission,
- To petition the general assembly for funds to effectively administer the commission's affairs and to expend funds in compliance with state regulations,



# Statutory Responsibilities (cont.)

- To accept and receive gifts, funds, grants, bequests, and devices for use in furthering the purposes of the commission
- To contract with public or private bodies to provide services and facilities for promoting the welfare of the Indian people
- To make legislative recommendations
- To make and publish reports of findings and recommendations



# CCIA Quarterly Meetings



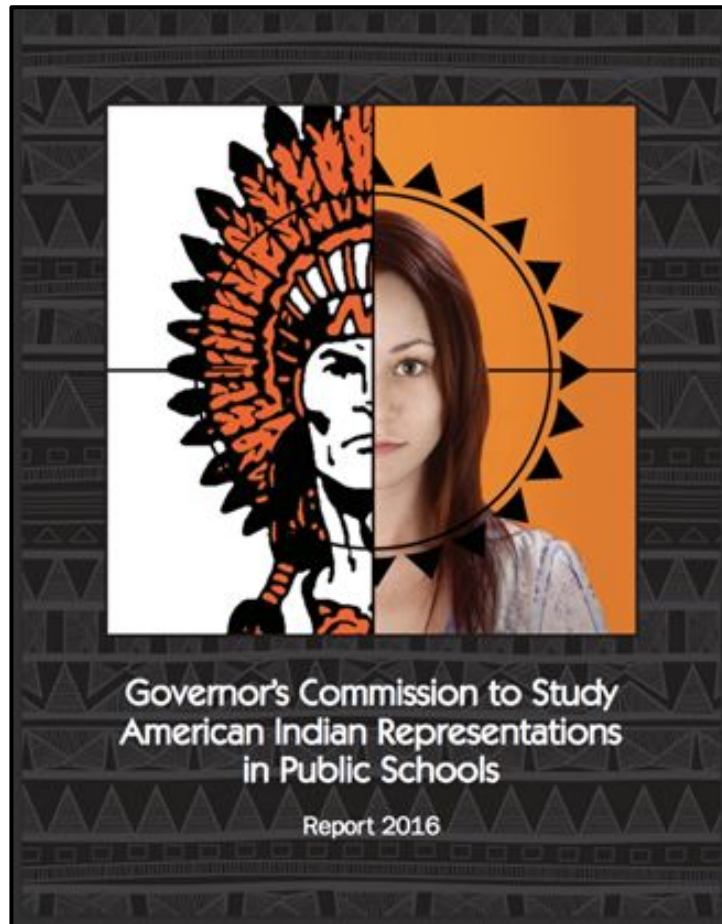
1. September: Ignacio
2. December: Denver
3. March: Denver
4. May/June: Towaoc

An opportunity for Commissioners to provide updates, make announcements and requests, exchange information, connect in-person, pose questions to the Commission, and vote on action items.





# Governor's Commission to Study American Indian Representations in Public Schools



*“One of the goals of the commission is to host open, constructive public discussions among constituents statewide, in both urban and rural communities, who feel strongly connected with these names and images.”*



# Economic Impact Report

- Collaboration between local, state, federal, and tribal partners
- \$1.2 billion economic impact of American Indian owned companies
- Tribes are the largest employers in Southwest Colorado

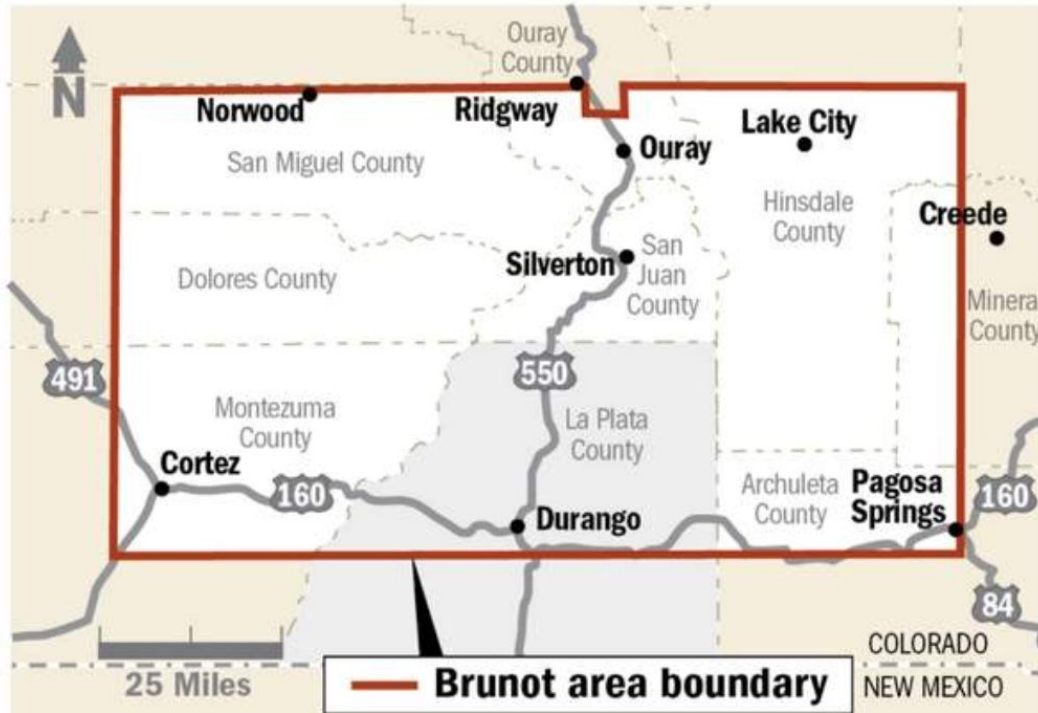




# Brunot Hunting Agreements

## Brunot agreement area

Colorado's Ute tribes are allowed to regulate hunting by their members inside the "Brunot area," which was set in an 1874 treaty. The tribes can establish their own hunting seasons and rules in the area.



Source: Colorado Parks and Wildlife

Durango Herald

- 2008 – MOU with SUIT and State of Colorado
- 2013 – MOU with UMUT and State of Colorado



# Mental Health Listening Sessions

CCIA partnered with the Keystone Policy Center to provide a space for participating communities to talk about mental health.

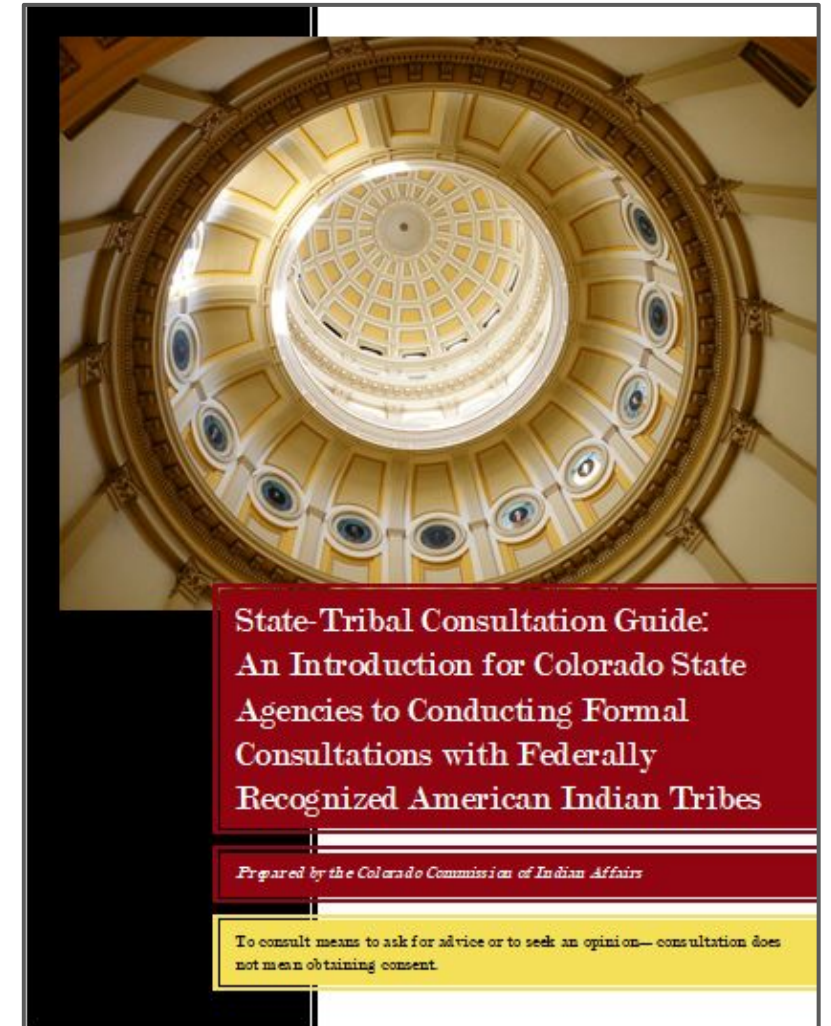


- November 2019 Southern Ute Listening Session
- November 2019 Ute Mountain Ute Listening Session
- February 2020 Denver AI/AN Community Listening Session



# State-Tribal Consultation

- Colorado Department of Human Services (CDHS)
- Colorado Department of Healthcare Policy and Financing (HCPF)
- Colorado Department of Public Health and Environment (CDPHE)
- Colorado Department of Education (CDE)
- History Colorado





# A Brief History of Tribal Sovereignty

*Tribal sovereignty predates the U.S. Constitution but is recognized by Article 1, Section 8 of the U.S. Constitution and confirmed through treaties, statutes, executive orders, and Supreme Court decisions.*

**Colonial Era: 1553–1775**

**U.S. Federal Era: 1776–1823**

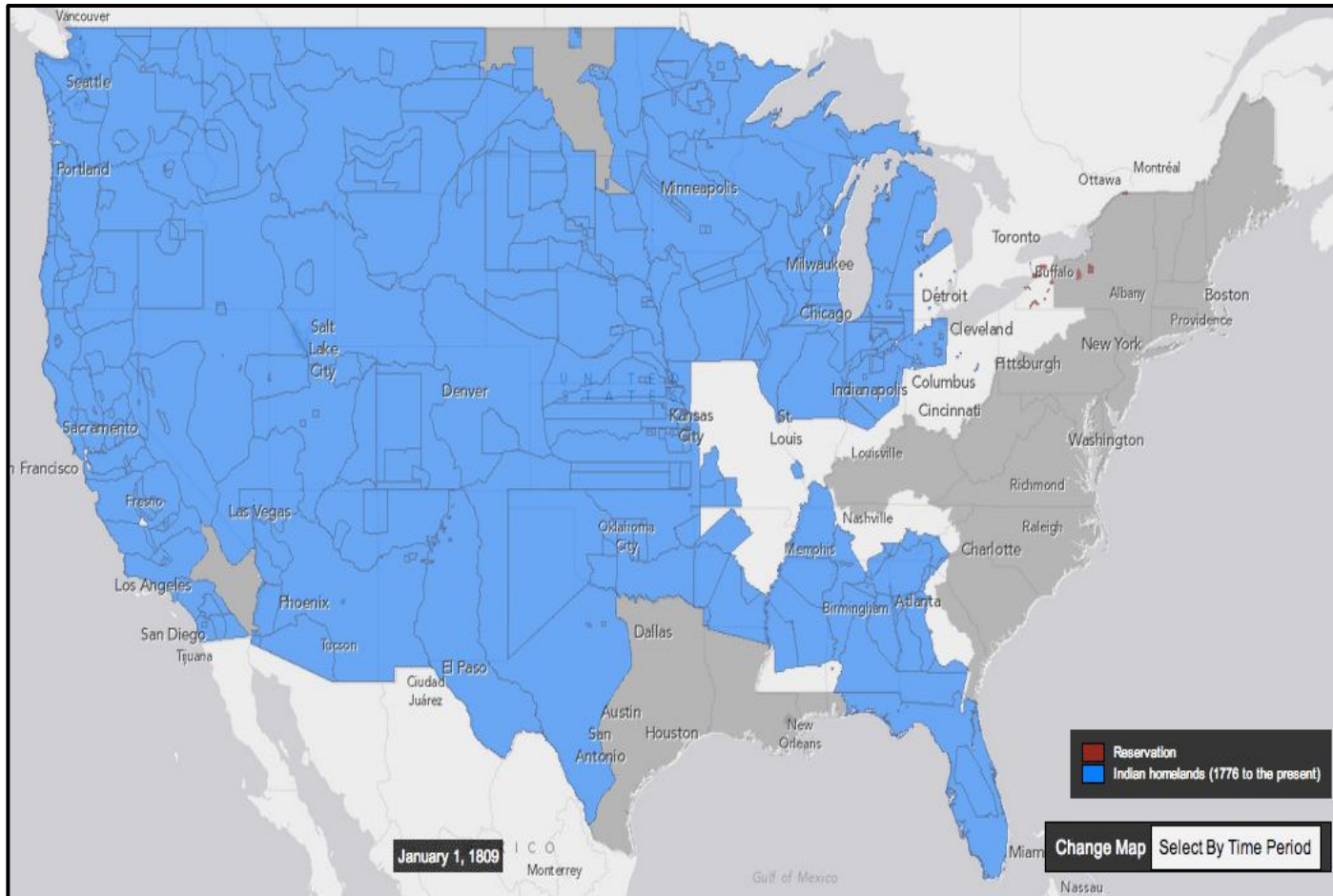
**Removal Era: 1823–1871**

**Assimilation Era: 1871–1934**

**Reorganization Era: 1934–1953**

**Termination Era: 1953–1968**

**Self-Determination Era: 1968–  
present**



Credit: Interactive Time Lapse Map: Rebecca Onion and Claudio Saunt, University of Georgia

# Federal Indian Trust Responsibility

*The Federal Indian Trust Responsibility is a legal obligation under which the United States “has charged itself with moral obligations of the highest responsibility and trust” toward Native Tribes.*



# Federal Indian Trust Responsibility (cont).

- **Title VI Indian Education**
  - Title VI is designed to ensure that AI/AN students meet state academic content and student academic achievement standards, as well as meet the unique cultural needs.
- **Indian Health Services (IHS)/Urban Indian Health Clinics (UIHC)**
  - IHS is responsible for providing direct medical and public health services to members of federally-recognized tribes
- **Indian Child Welfare Act (ICWA)**
  - ICWA governs jurisdiction over the removal of Native American children from their families in custody, foster care and adoption cases. It gives tribal governments exclusive jurisdiction over children who reside on, or are domiciled on a reservation.
- **Native American Graves Protection and Repatriation Act of 1990 (NAGPRA)**
  - NAGPRA establishes the ownership of cultural items excavated or discovered on federal or tribal lands after Nov. 16, 1990.

# Government-to-Government Relationships

- Government-to-Government relationship between the State of Colorado and Tribal Governments
- Upholding sovereignty at the state level
- Sovereignty and legislative engagement
- AI/AN community and legislative engagement – citizens of the nation, of tribe, and state
- Tribal governments should be consulted in any legislation to ensure tribal sovereignty



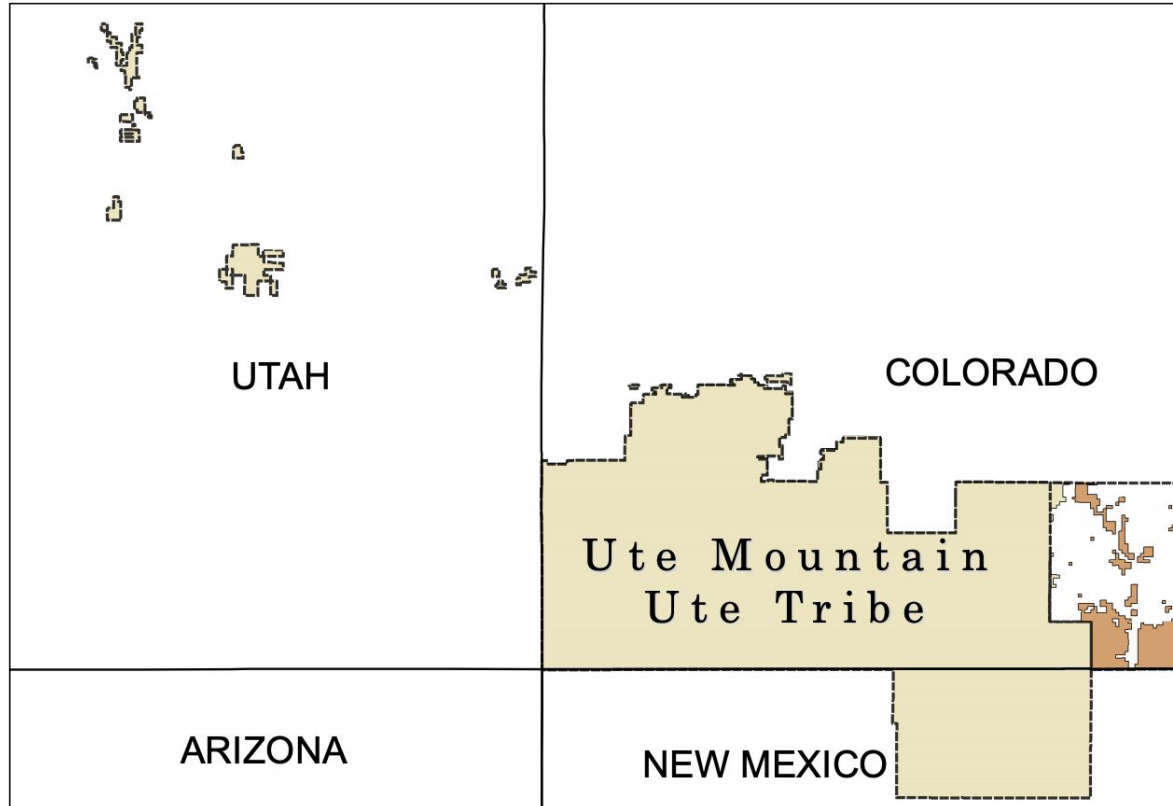


# Tribes with Land Bases/Reservations in Colorado





# Ute Mountain Ute Tribe (UMUT)

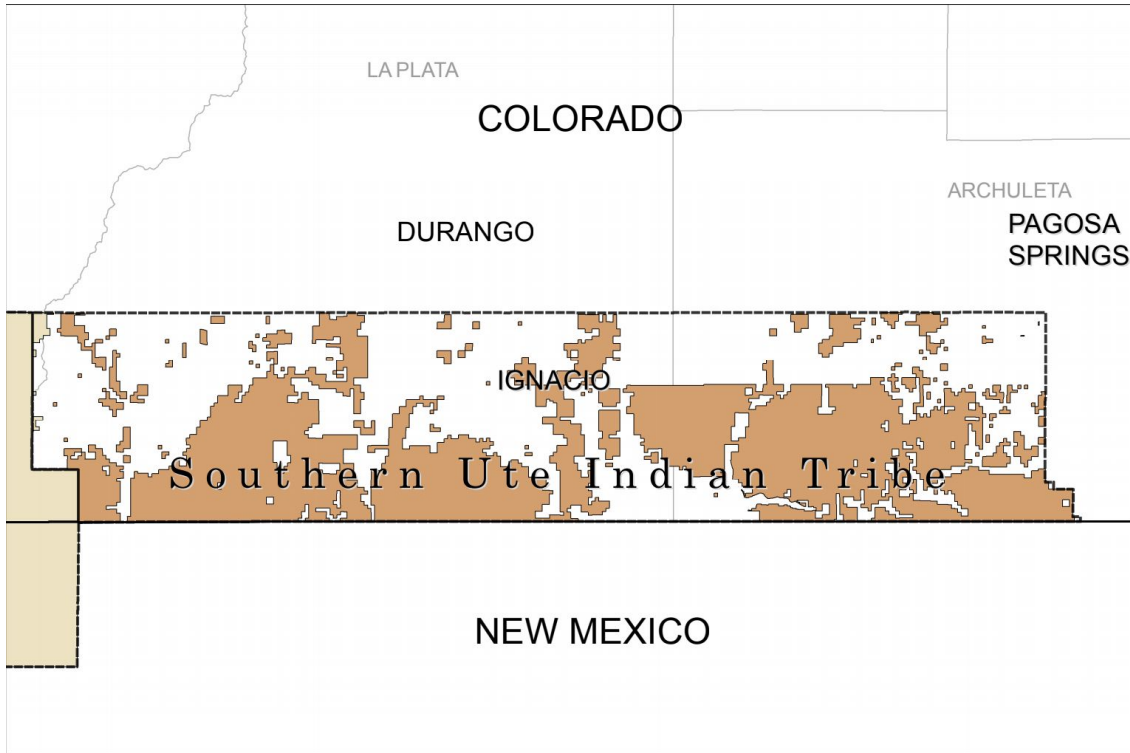


UMUT Website:  
[www.utemountainutetribes.com](http://www.utemountainutetribes.com)

- Contiguous: 600,000 acres
- 7 member Tribal Council
- 2,200 members
- Casino and hotel, construction, farming and ranching, Ute Mountain Tribal Park, oil and gas, OZ, climate resilience, ISP
- Kwiyyagat (Bear) Community Academy
- *Weenuch Smoke Signals*



# Southern Ute Indian Tribe (SUIT)



**SUIT Website:**  
[www.southernute-nsn.gov](http://www.southernute-nsn.gov)

- Checkerboard: 307,833 acres
- 7 member Tribal Council
- 1,500 members
- Oil & gas, real estate, construction, gaming, resort hotels, sand and gravel products, clean energy development, OZ,
- Tribal Montessori School
- 638 Healthcare
- *Southern Ute Drum*



# Tribes in Colorado



- 48 Contemporary Tribes with ties to Colorado
  - List developed by History Colorado
- Tribal Consultation Topics
  - Sand Creek Massacre Memorial
  - Land Acknowledgements
  - Parks and Wildlife
  - NAGPRA
  - Cultural Preservation





# American Indian/Alaska Native Communities Statewide



- The Indian Relocation Act of 1956
- Majority of AI/AN community live along the Front Range
  - 2020 Census reported 207,787 people identified as AI/AN alone or in combination with another race in Colorado
- There are over 200 Tribes represented along the Front Range



# Passed Legislation Impacting Tribes/AI/AN

- **HB22-1190:** Supplemental State Payment To Urban Indian Organizations
- **HB22-1327:** Native American Boarding Schools
- **SB22-011:** American 250 - Colorado 150 Commission
- **SB22-104:** Tribal Governments Included in State Programs
- **SB22-105:** Tribal Governments Annual Address to Joint Session
- **SB22-148:** Colorado Land-based Tribe Behavioral Health Services Grant Program
- **SB22-150:** Missing and Murdered Indigenous Relatives

Priorities span a wide variety of topics:

- Funding
- Education
- Housing
- Hunting
- Parks and Wildlife
- Economics
- Gambling
- Child Welfare
- Health
- Mental and Behavioral Health



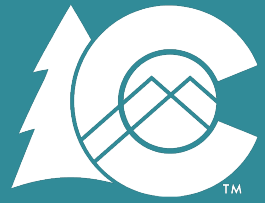
# Resources

- [Reflections on cultural humility](#)
- [4 ugly lies of personal growth Medium](#)
- Link to IHClA summary edited: [IHClA Reauthorization Summary](#)
- [16 Maps that Americans don't like to talk about](#)
- [New York Times ICWA article](#)
- [Texas vs. Zinke facts-NICWA](#)
- [Bureau of Indian Affairs](#)
- [Colorado Commission of Indian Affairs](#)
- NCUIH Affordable Care Act updates page: [https://urbanindianhealth.org/uihp\\_home](https://urbanindianhealth.org/uihp_home)

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# PUBLIC COMMENT PERIOD





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# CLOSING REMARKS