



NATIONAL INDIAN HEALTH BOARD

REAUTHORIZATION OF THE INDIAN HEALTH CARE IMPROVEMENT ACT BRINGING INDIAN HEALTH SERVICES INTO THE 21ST CENTURY

- **The Indian Health Care Improvement Act (IHCIA) will:**
 - Modernize and improve Indian health care services and delivery
 - Allow for programs to address the behavioral and mental health and well-being of Indian communities
 - Allow for in-home care for the Indian elderly population
- **The IHCIA will address these health disparities:**
 - Infant mortality rate is 150% greater for Indians than that of Caucasian infants
 - Indians are 2.6 times more likely to be diagnosed with diabetes
 - Indians are 7.7 times more likely to die from alcoholism
 - Suicide for Indians is 2 1/2 times higher than the national average, and the #2 cause of death for Indian youth
 - There are fewer mental health professionals available to treat Indians than the rest of the U.S. population
 - Healthcare expenditures for Indians are less than half of what America spends for federal prisoner

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IHCIA Bills Introduced During the 110th Congress:

H.R. 1328 - Indian Health Care Improvement Act Amendments of 2007

- Introduced on March 6, 2007 by Congressman Frank Pallone (D-NJ).
- 58 Co-Sponsors (49 Democrats, 9 Republicans) **as of June 12, 2008.*
- On April 25, 2007, the House Committee on Natural Resources held a markup and unanimously reported out H.R. 1328 as amended. The bill was referred to Energy and Commerce and Ways and Means.
- On June 7, 2007, the Health Subcommittee of Energy and Commerce held a hearing.
- On November 7, 2007, the Health Subcommittee held a mark up and favorably reported the bill out of Subcommittee with amendments.
- On June 6, 2008, Energy and Commerce and Ways and Means Committees were discharged from further consideration of the bill.
- The Congressional Budget Office score is \$9 million, first year; \$53 m in five years, and \$129 m in ten years.

S. 1200 - Indian Health Care Improvement Act Amendments of 2007

- Introduced on April 24, 2007 by Chairman Byron Dorgan (D-ND).
- 31 Co-Sponsors (26 Democrats, 5 Republicans).
- On May 10, 2007, the Senate Committee on Indian Affairs held a markup on a bill and unanimously reported out S. 1200 without amendments. The Senate Finance Committee favorably reported out the bill on September 12, 2007.
- On January 22 2008, the bill was brought to the Senate Floor and on February 26, 2008, passed by a vote of 83-10.

What is included in the IHCIA Reauthorization?

- Establishes objectives for addressing health disparities of Indians as compared with other Americans.
- Enhances the ability of Indian Health Services (IHS) and tribal health programs to attract and retain qualified Indian health care professionals.
- Updates and modernizes health delivery services, such as cancer screenings, home and community based services and long term care for the elderly and disabled.
- Provides innovative mechanisms for reducing the backlog in health facility needs.
- Establishes a continuum of care through integrated behavioral health programs—both prevention and treatment—to address alcohol/substance abuse problems and the social service and mental health needs of Indian people.
- Facilitates greater decision-making regarding program operations and priorities at the local tribal level in order to improve services to tribal populations.



What is the IHCIA?

The United States has a longstanding trust responsibility to provide health care services to American Indians and Alaska Natives. This responsibility is carried out by the Secretary of the United States Department of Health and Human Services through the IHS. Since its passage in 1976 the IHCIA has provided the programmatic and legal framework for carrying out the federal government's trust responsibility for Indian health. The IHCIA is the law under which health care is administered to American Indians and Alaska Natives.

Why is it necessary to reauthorize the IHCIA?

It has been 16 years since the Congress last performed a comprehensive review of the IHCIA (since 1992). IHCIA reauthorization proposals have been introduced in the last five Congresses, but, none have passed. During the 109th Congress, four major committees of jurisdiction favorably reported the IHCIA out of committee. With passage of the bill in the Senate, Congress now has a new opportunity to reauthorize the IHCIA during the 110th Congress. It is time to do so.

The IHCIA contains a number of provisions that authorize appropriation of funds to support the programs set forth in the law; however, the life of these provisions ended in fiscal year 2001. Fortunately, the Snyder Act of 1921 provides permanent authority for the appropriation of funds for Indian health, so Congress can and does continue to appropriate funds for these programs. Nonetheless, Congress should act to officially extend the life of the IHCIA authorization and to update the bill to reflect both current needs of Indian health and the current methods of health care delivery and systems enjoyed by most Americans.

- Since 1992 when the Act was last reauthorized, the American health care delivery system has been revolutionized while the Indian health care system has not.
- For example, mainstream American health care has moved out of hospitals and into people's homes; focus on prevention has been recognized as both a priority and a treatment; and, coordinating mental health, substance abuse, domestic violence, and child abuse services into comprehensive behavioral health programs is now standard practice. We are proud of the work that tribes and IHS have done to incorporate these innovations into the reauthorization. Reflecting these improvements is a critical aspect of reauthorization.
- One highlight of the bill includes advances in the delivery of mental health services. Through adoption of a continuity of care and whole person approach, mental and behavioral health services will be brought into a system that moves away from treating symptoms and into a synthesized delivery system that treats the whole person. This method and approach to mental and behavioral health will integrate areas such as substance abuse, suicide prevention, violence prevention -- areas so critically in need of attention and action in Indian country.

Health Promotion and Disease Prevention

- There is also a critical need for health promotion and disease prevention activities in Indian country and provisions of the IHCIA reauthorization would address this need.
- The need for these activities is clear:
 - 13% of Indian deaths occur in those younger than 25, a rate 3 times higher than the U.S. population.
 - The U.S. Commission on Civil Rights reported in 2003 that "American Indian youths are twice as likely to commit suicide..."
 - Indians are 630 % more likely to die from alcoholism, 650 % more likely to die from tuberculosis, 318 % more likely to die from diabetes, and 204 % more likely to suffer accidental death compared with other groups.

Medicare and Medicaid Authorities

- In recognition of the deplorable health conditions in Indian country, in 1976, Congress provided the IHS and tribes with the authority to bill for and receive Medicare and Medicaid reimbursements for services provided to Indian beneficiaries, which is contained in title IV of the IHCIA.
- The IHCIA reauthorization updates these authorities and makes conforming amendments to the Medicare and Medicaid laws. The amendments improve the IHS and tribal programs ability to participate in managed care health plans and remove barriers to Indian participation and access to Medicare and Medicaid program benefits.