



**NATIONAL CONGRESS OF AMERICAN INDIANS
AND
NATIONAL INDIAN HEALTH BOARD**



**REAUTHORIZATION OF THE IHCIA
BRINGING INDIAN HEALTH SERVICES INTO THE 21ST CENTURY**

Key Points:

- ***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 our communities*
 - *Allow for in-home care for our elderly population*
- ***The IHCIA will address these massive 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*
 - *Life expectancy for Indians is 5 years less than the rest of the U.S. population*
 - *Suicide for Indians and Alaska Natives is 2 1/2 times higher than the national average*
 - *There are fewer mental health professionals available per 100,000 Native Americans than per non-Native people (approximately 101 to 173) and a greater need for mental health services*
 - *Healthcare expenditures for Indian are less than half what America spends for federal prisoners.*

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It is likely that this Congressional session will be voting on the IHCIA. Please support our communities' desperate health care needs. **Please vote for the Indian Health Care Improvement Act.**

What is included in the Indian Health Care Improvement Act (IHCIA) Reauthorization?

- Establishes objectives for addressing the disparity in the health status of Indians as compared with other Americans
- Enhances the ability of IHS and tribal health programs to attract and retain qualified Indian health care professionals
- 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.
- Requires managed care plans to include services provided by Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations.
- Provides that the Secretary (of the Department of Health and Human Services) shall consult with tribes to determine regulations regarding the use of tribal identification as legitimate documentation to determine citizenship or nationality.

What is the Indian Health Care Improvement Act (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 Indian Health Service. Since its passage in 1976 the Indian Health Care Improvement Act (IHCIA) has provided the programmatic and legal framework for carrying out the federal government's trust responsibility for Indian health.

The Indian Health Care Improvement Act (IHCIA) is the law under which authority under which health care is administered to American Indians and Alaska Natives.

Why is it necessary to reauthorize the IHCIA?

It is customary for Congress, through the reauthorization process, to take a fresh look at major laws every 5-7 years to update, modernize and refresh them so that they reflect the evolution of conditions and needs. It has been 13 years since the Congress last performed a comprehensive review of the IHCIA (since 1992). IHCIA reauthorization proposals have been introduced in the last four Congresses, but, none have passed. Congress now has a new opportunity to reauthorize the IHCIA during the 109th 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, a 1921 law, the Snyder Act (25 USA§ 13)¹, provides permanent authority for 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.

- It has been 13 years since the Act was last reauthorized. In that time the American health care delivery system has been revolutionized while the AI/AN system of health care has not.
- Reauthorization, or modernization, of this law is necessary that achievements are made in the Indian health systems and to improve the health status of Indian people and to make further advancements.
- 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 tribes and Indian Health Service have done to incorporate these innovations into the current bill. 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 addressing areas such as substance abuse, suicide prevention, violence prevention, areas so critically in need of attention and action in Indian country.

Disease Prevention and Health Promotion

- 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.
- Disease prevention and health promotion activities elevate the health status at both the individual and community level.
- The need for these activities is clear: life expectancy of Native Americans is nearly six years less than any other race or ethnic group in America. Thirteen percent of AI/AN deaths occur in those younger than 25, a rate three times higher than the average U.S. population. The U.S. Commission on Civil Rights reported in 2003 that "American Indian youths are twice as likely to commit suicide...Native Americans are 630 percent more likely to die from alcoholism, 650 percent more likely to die from tuberculosis, 318 percent more likely to die from diabetes, and 204 percent more likely to suffer accidental death compared with other groups." Disease prevention and health promotion are at the core of this legislation.

Flexibility

- The IHCIA allows for greater flexibility in defining health care delivery models at the local level, where knowledge of "what works best" is most relevant. This takes the administrative burden off the Federal government and empowers local health care decision-makers to make assessment and delivery decisions while also creating accountability for outcomes.