

National Indian Health Board



TESTIMONY OF RENO KEONI FRANKLIN

CROSS CUTTING ISSUE BREAKOUT SESSION: NATIONAL HEALTH REFORM
12TH ANNUAL NATIONAL DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUDGET AND POLICY CONSULTATION SESSION
WASHINGTON, DC
MARCH 5, 2010

INTRODUCTION

Good morning. My name is Reno Keoni Franklin. I am a member of the Kashia Band of Pomo Indians in California, where I serve as the Health Delegate. I also serve as the Chairman on both the National Indian Health Board (NIHB) and California Rural Indian Health Board (CRIHB). In these capacities and others, I have been fortunate to work with Tribal Leaders from across the country to address issues that affect the Indian health delivery system and the health status of Indian people.

Thank you for inviting the NIHB to participate in the discussion on national health care reform. Since 1972, the NIHB serves all federally recognized Tribes by advocating for the improvement of health care delivery to all American Indians and Alaska Natives (AI/AN). The NIHB believes that the federal government must uphold its trust responsibility to all AI/ANs in the provision and facilitation of quality health care to our people. The results that we all wish to achieve are the enhancement of the level and quality of health care and the adequacy of funding for services that are operated by Tribal governments, the Indian Health Service and other federal agencies.

We agree with President Obama - we cannot wait any longer to reform the health care delivery system in this Country and in Indian Country. Yet, the Indian health system is not health insurance. Our system was designed by the Federal government to carry out its trust responsibility for Indian health and to make health care accessible to Indian people, including those who reside in remote, sparsely-populated reservation and Alaska Native communities where little, if any, other health infrastructure exists. Further, it has been more than fifty years since the Indian Health Service was created, and more than thirty years since the original Indian Health Care Improvement Act (IHCA) directed how health care should be delivered to AI/AN



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beneficiaries. Much has changed in health care delivery over those decades. Although some improvements in the health status of Indian people have been marked, our people continue to suffer disproportionately high health deficiencies and health status disparities.

Due to the state of the Indian health system, Indian Tribes and Tribal organizations have been involved through health reform legislative process from the beginning. At last year's HHS consultation, we sat at the table to discuss national health reform, and as the discussions on health care reform evolved, Indian Country's fundamental principals remained the same:

- Guarantee that the health reform legislation supports and protects the Indian health system through Indian-specific provisions where needed.
- Ensure that AI/AN people and our health system have full opportunities to participate in and benefit from the health care reform.

These principals served as the foundation for many provisions in the final bills and President's proposal. Now, as health care reform is coming to a close, Indian Country needs to continue to be a part of comprehensive health care reform.

RECOMMENDATIONS

1. PRESERVE THE REAUTHORIZATION OF THE IHCIA IN THE FINAL VERSION OF HEALTH CARE REFORM BILL

Indian Country has labored for many years to reauthorize and modernize the IHCIA and that effort continued in the 111th Congress. House bill, H.R. 2708, and Senate bill, S. 1790, were introduced, and by the end of 2009, both bills were included as part of the national health care reform bills. Recently, the President continued this support and included the reauthorization of the IHCIA in his proposal. Like the President, Indian Country is ready to have Congress conduct a final vote and the President sign into law the health care reform legislation with the IHCIA reauthorization included. We ask the Administration and Congress to continue to stand with us by ensuring that the reauthorization of the IHCIA is accomplished this year in order to validate the decade long effort by Tribal leaders and Members of Congress who have never waived from the ultimate goals of bringing modern methods of health care delivery to Indian people. This current effort will not only bring reauthorization of the IHCIA, but most importantly, it will bring permanence to the IHCIA. In addition, I would like to highlight two provisions that have been long overdue for authorization and implementation in Indian Country.

Authorization for long term health care delivery: While the life expectancy of AI/AN population is substantially lower than the rest of the general population, the ability to provide health care and related services for our elder AI/ANs remains one of the most pressing issues for Indian Country. The reauthorized IHCIA will provide express authority for IHS and tribes to operate hospice, long-term care and assisted living programs and to supply health services in homes and community based settings. All such delivery methods are commonplace in mainstream America, but are rare in Indian Country. Not only are such approaches very effective, they are demonstrably more efficient and cost-effective ways of delivering care to individual beneficiaries.

Comprehensive behavioral health programs: Currently, Title VII addresses only substance abuse programs. The revised version in the current bills calls for the integration of programs for mental health, social services, domestic and child abuse, youth suicide and substance abuse into the Indian health care delivery system. Attacking these chronic, debilitating problems is vital to improving the quality of life in Indian Country and strengthening Indian families. Improving the health status of AI/ANs cannot be achieved without fully integrating behavioral strategies and services in every aspect of the Indian health care system.

The first recommendation is that the Administration and Congress vigorously proceed to complete our decade-long effort to reauthorize – and *revitalize* – the IHCIA by maintaining the inclusion the IHCIA in the health care reform.

2. MAINTAIN INDIAN SPECIFIC PROVISIONS IN HEALTH CARE REFORM

The crucial focus on health care reform by the 111th Congress and the Administration has forced Indian Country to widen the scope of its involvement in health-related legislation beyond the IHCIA. Key provisions were included in the Senate and House bill to protect and support the Indian health care delivery system in health care reform. The Indian specific provisions in the health care reform bills are essential to ensure that the Indian health care delivery system may also benefit from health care reform. The federal trust responsibility to Indian people and the Indian health system often requires specific language to prevent unintended adverse consequences to this health care delivery system and these bills have taken this step. These bills take into account the unique position of Indian health care providers.

As health care reform legislation moves forward, we ask that the Administration and Congress ensure that the language needed to protect Indian health care delivery system remains in place and that any newly authorized programs to increase access and delivery of health care will include the Indian Health Services and Tribally-operated Indian health programs. Examples of these key provisions include:

- Exemption of individual Indians from the penalty to have health insurance
- Cost-sharing provisions for individual Indians
- Exclusion of health benefits provided by Indian tribal governments

Thus, with regard to Health Care Reform our request to you is two-fold: 1) continue your leadership role on behalf of Indian health interests and 2) assure that Indian specific provisions, outside of the IHCIA, are carried through until the end.

3. AFTER THE PASSAGE OF IHCIA AND HEALTH CARE REFORM, THE ADMINISTRATION MUST WORK WITH TRIBES AND TRIBAL ORGANIZATIONS DURING THE IMPLEMENTATION OF NEW PROVISIONS

Indian Country needs to be a partner in designing and implementing the new authorities offered in both health care reform and the IHCIA. Undertaking implementation will be an enormous task, but designing a blueprint with Tribes as partners in this process is well worth the effort. It will take a willingness to address hard issues, require contributions from experts within

and outside the system, demand innovative ideas, and necessitate a commitment to see the job through to completion. The NIHB offers the following thoughts on how to proceed with such an undertaking:

- Seek Indian Country's input through regional meetings, hearings, survey mechanisms and other methods that reach meaningful input from tribal communities. Consider working with current workgroups, such as TTAG and NSC, who have the expertise in various health programs to assist in the developing the implementation plan for new programs.
- Provide new funding for unmet needs, correcting imbalances and funding new programs created by new authorities that would modernize the Indian health delivery system.
- Focus in particular on areas the Indian health care system needs attention and have been waiting for the new programs offered through IHCA and Health care reform: long-term care services delivered in Indian communities, prevention, facilities, and recruitment/retention of qualified providers.

CONCLUSION

In closing, on behalf of the NIHB, I thank you for the opportunity to provide the comments on these important matters. The NIHB appreciates your leadership and your commitment to the betterment of the Indian health system. We all share a common goal: the enhancement of the quality of life and health for our Nation's first Americans. Indian Country will continue to work diligently with the Administration and Congress to improve our Indian health care delivery system. We request that the Administration and Congress honor its trust responsibility and insist that the Federal Government continue to invest in the Indian health care delivery system by reauthorizing the IHCA and by including Indian specific provisions in legislative incentives to protect and enhance the Indian health system.