

**National Indian Health Board
Indian Health Care Improvement Act Briefing
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**A Good Plan Come Together
Expanding Authority, Parity and Opportunity**

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In 1999 the National Steering Committee (NSC) for the Reauthorization of the Indian Health Care Improvement Act (IHCIA) began meeting. By October 1999, the NSC had finished a complete redraft of the IHCIA and submitted it to Congress. In March 2010 the Reauthorization became law. So, what resulted from the 11 years of work?

There are many ways of examining this question. I choose to focus on three aspects of it:

- authority for Indian health programs to provide a full range of healthcare services,
- parity between tribal and federal health programs, and
- other opportunities.

Selected sections that highlight the improvements under the IHCIA amendments and reauthorization are outlined below.

Authority.

Sec. 2 Findings – Eradicate the health disparities between Indians and the general population

Sec. 3 Policy – Raise the status of Indians to at least the levels set forth in the *Healthy People 2010*, or success or, objectives.

– Increase the proportion of degrees earned by Indians in health professions to that of the general public.

Sec. 4 Definitions –

Contract Health Services: referral and payment

Health Promotion

Disease Prevention

Telemedicine and Telehealth

Sec. 204 Diabetes Prevention, Treatment and Control

Sec. 205 Other Authority for Provision of Services

- Assisted living service
- Home- and community-based service
- Hospice care
- Long-term care services

Sec. 212 Mammography & Other Cancer Screening

Sec. 213 Patient Travel Costs - includes escorts

Sec. 218 Infectious Diseases - expanded beyond tuberculosis

Sec. 515 Behavioral Health program expansion for urban Indian organizations (UIO)

Sec. 516 Community Health Representatives for UIO

Sec. 517 Use of Federal Supply Source by UIO

Sec. 704 Comprehensive Behavioral Health authority

Sec. 712 Fetal Alcohol Spectrum Disorders Programs

Sec. 713 Child Sexual Abuse Prevention and Treatment Programs

Sec. 714 Domestic and Sexual Violence Prevention and Treatment

Sec. 822 Shared Services for Long-Term Care (inc. hospice, assisted living & HCB services)

Parity.

- Sec. 124 Exemption from certain fees. Employees of tribal and urban health programs are exempt from fees imposed by federal agencies to the same extent that IHS employees and commissioned corps officers are exempt. Eg., DEA registration fees.
- Sec. 206 Provides tribal health programs with authority to recover from tort-feasors on the same basis as the IHS and other federal health care providers do.
- Sec. 221 Licensing. Exempts licensed and certified tribal health program employees from licensure in the state where they are practicing so long as they are licensed or certified in some state.
- Sec. 309 Tribal Management of Federally Owned Quarters. Authorized tribal health programs to set their own rates.
- Sec. 408 Non-Discrimination in Qualifications for Reimbursement. Provides for payment of I/T/U programs without regard to licensed status so long as meet other generally applicable requirements for participation
- Sec. 409 Access to Federal Insurance. Allows a tribe, tribal organization or UIO carrying out IHS programs to buy federal health insurance for their employees.
- Sec. 305 Medical Quality Assurance Records & Qualified Immunity (peer review)

Other Opportunities.

- Sec. 206 Broadened authority to recover from third-party payors
- Sec. 214 Epidemiology centers - improved access to information
- Sec. 311 Other Funding – allows other agencies to transfer funds to IHS for health and sanitation facility construction and operation.
- Sec. 401 Reimbursement from Medicare, Medicaid, & Children’s Health Insurance Program.
- refers to “programs” now instead of “facilities”
 - expands the allowable “use of funds,” including to achieve the objectives under Sec. 3 of the Act.
- Sec. 402 Purchasing Health Care Coverage
- Sec. 405 Sharing Arrangements with VA and Dept of Defense
- Sec. 407 Establish procedures for health services to eligible Indian veterans by IHS and VA
- Sec. 813 Health Services for Ineligible Persons - changes the standards and expressly extends FTCA coverage