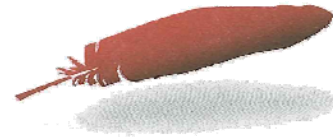


National Indian Health Board



HOW THE INDIAN HEALTH CARE IMPROVEMENT ACT ADDRESSES HEALTH ISSUES IN INDIAN COUNTRY

The Indian Health Care Improvement Act (IHCIA), first enacted in 1976, is the underlying statutory authority for the Federal Government to provide health care to American Indians and Alaska Natives (AI/ANs). The IHCIA has not been reauthorized since 2001. New and expanded authorities contained in the IHCIA reauthorization bill (H.R. 2708) will address health care disparities and improve the quality of life, and save the lives, of 1.9 million AI/ANs living in some of the most isolated areas of the US.

Guide: * **New authority** ****Expanded, strengthened or updated authority**

Health Issue	Current Problem	IHCIA Solution
Health Care Provider Shortage	<p>High Vacancy Rates of Health Professionals at IHS and tribal sites are primarily the result of the remote geographic locations of the sites.</p> <ul style="list-style-type: none"> • <i>Dental Professionals</i> = 24% • <i>Nurses</i> = 26% • <i>Physicians</i> = 21% • <i>Pharmacists</i> = 11% <p>(Source: IHS, 2009)</p>	<p>Strengthens programs to help recruit and retain health professionals for the IHS and tribal sites:</p> <ul style="list-style-type: none"> • <i>Scholarship and Loan Repayment Programs similar to the National Health Service Corps recruitment programs</i> (§104, 106, 110 and 123) ** • <i>Specific programs to recruit Indian students into psychology and behavioral health professions</i> (§105 and 126) ** • <i>Community health provider programs and training for community health providers at tribal colleges</i> (§118 and 121) **
Facilities & Sanitation	<p>IHS and tribal health care facilities/equipment and sanitation facilities are old or non-existent:</p> <ul style="list-style-type: none"> • <i>Average age of IHS facilities is 30 years.</i> • <i>\$476 million worth of maintenance needs backlog</i> • <i>10% of Indian homes lack of safe & adequate water supply (vs. 1% in U.S.)</i> • <i>3,200 construction projects in the sanitation facility backlog</i> 	<p>Authorizes innovative ways to overcome deficient and non-existent health care facilities and sanitation systems and construction backlogs. (<i>Title III</i>) **</p> <p>Updates existing authorities for the construction of health facilities and sanitation facilities (§302) **</p> <p>Provides authorities for innovate approaches for facility construction and funding through grants, joint venture</p>



	(Source: IHS, 2009)	agreements, and loan programs (§309*, 311**, 313*, and 316*)
Elder/Long Term Care	<p>Lack of authority and facility space to provide care to the elderly and the disabled</p> <ul style="list-style-type: none"> • <i>Nursing homes and assisted living centers are not available on most reservations, less than 25 exist across Indian Country</i> • <i>Elderly and disabled have to travel hundreds of miles to obtain care</i> 	<p>Authorizes the creation of elder care programs that focus on behavioral health. (§701) *</p> <p>Authorizes programs for hospice, assisted living, long-term care and home and community based services. (§204 ** and 212 *)</p>
Cancer	<p>Lack of authority to provide cancer screenings, except mammograms</p> <ul style="list-style-type: none"> • <i>Poorest cancer survival rates among all ethnic groups due to:</i> <ul style="list-style-type: none"> ○ <i>Genetic risk factors</i> ○ <i>Late detection of cancer</i> ○ <i>Lack of timely access to diagnostic and/or treatment methods</i> • <i>AI/AN women are 40% more likely to have kidney/renal pelvis cancer as non-Hispanic white women (CDC, 2008)</i> • <i>Mortality rate from cervical cancer is 1.9x higher in AI/ANs than in all other races (IHS, 2009)</i> 	<p>Expands preventive services to cover cancer screenings based on national standards and recommendations of the US Preventive Services Task Force. Some of the new cancer screenings would include:</p> <ul style="list-style-type: none"> • <i>Prostate Cancer</i> • <i>Cervical Cancer</i> • <i>Skin Cancer</i> • <i>Colon Cancer</i> <p>(§206) **</p> <p>American Cancer Society statistics document early detection of cancer results in higher survival rates and saves lives.</p>
Diabetes	<p>AI/ANs die at higher rates than other Americans from diabetes.</p> <ul style="list-style-type: none"> • <i>AI/ANs diagnosed with diabetes at rate 2.3 times higher than whites (CDC, 2008)</i> • <i>Death rate is 190% higher in AI/ANs (IHS, 2009)</i> • <i>AI/ANs ages 10-20 have the highest prevalence of Type 2 diabetes (CDC, 2009)</i> 	<p>Reauthorizes effective diabetes projects, such as screening and prevention activities, and creates the ability to manage diabetes through culturally appropriate IHS and tribal programs. (§203) **</p>
Medicare & Medicaid (M/M)	<p>Lack of access to Medicare & Medicaid services due to rural and remote locations of tribal communities</p> <p>Under-enrollment of AI/ANs in Medicaid programs, especially on reservations which have high poverty rates.</p>	<p>Updates existing authorities for IHS and tribal facilities to provide services and collect Medicare & Medicaid (M&M) reimbursements, grant opportunities for M & M enrollment and outreach activities, and to collect reimbursements from other third party payers. (Title IV) **</p>



Behavioral Health	<p>Lack of authority to create new programs to address rising need for services and treatment for mental health, alcoholism, and substance abuse.</p> <ul style="list-style-type: none"> • <i>Suicide rate is 1.9 higher than the national average in AI/ANs ages 15 to 34 and the 2nd leading cause of death for AI/ANs ages 15 – 24 years</i> • <i>1/3 of demands on AI/AN health facilities are related to mental health, alcoholism and substance abuse.</i> <p><i>(IHS, 2009)</i></p>	<p>Consolidates existing authorities to provide for a comprehensive approach to behavioral health assessment, treatment and prevention. <i>(Title VII) **</i></p> <p>Expands grant opportunities for in-person behavioral health and telemental health programs to include youth suicide and other new prevalent behavior health problems not previously listed. <i>(§209, 210, 701, 707, 708, and 713) **</i></p>
Infant Mortality & Maternal Health Rates	<p>Lack of modern authorities to address maternal and infant health issues:</p> <ul style="list-style-type: none"> • <i>Infant mortality rate is 1.4 times higher in AI/ANs than non-Hispanic whites.</i> • <i>AI/AN infants are twice as likely as non-Hispanic white babies to die from Sudden Infant Death Syndrome (SIDS).</i> <p><i>(CDC, 2008)</i></p>	<p>Authorizes health promotion and disease prevention programs:</p> <ul style="list-style-type: none"> • <i>To provide prenatal, pregnancy and infant care (§706)**</i> • <i>To avoid fetal alcohol spectrum disorders through education health programs (§712) **</i>
Unintentional Injuries	<p>Lack of modern authorities to address high incidence of unintentional injuries:</p> <ul style="list-style-type: none"> • <i>Injuries are the leading cause of death of AI/ANs ages 15 to 24 years</i> • <i>Injury mortality rates are 2 to 4 times higher in the AI/AN population compared to other Americans</i> • <i>Injuries result in 41% of years of productive life lost for AI/ANs</i> <p><i>(IHS, 2009)</i></p>	<p>Authorizes the IHS and tribal Epidemiology Centers to access data, data sets, monitoring systems, delivery systems, and other protected health information for the purpose of preventing and controlling disease, injury or disability. <i>(§208) **</i></p> <p>Promotes the elimination, reduction, and prevention of environmental hazards and contaminants that create unhealthy household conditions. <i>(§214) **</i></p>

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