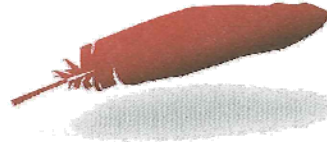


National Indian Health Board



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THE INDIAN HEALTH SYSTEM IN THE ERA OF HEALTH CARE REFORM

Indian Country is undertaking a critical review of the Indian health system and health care reform may offer new opportunities. As we all know, the Indian health system is much more than an extension of the mainstream healthcare system in America. Tribes play multiple roles in the delivery of health care to tribal members: Tribes are providers, payers and employers, and remain always a government body. Tribes need something more than one-size fits all approach in health care reform to address all the issues facing our unique health care system.

To focus on reform, we need to examine first the basis of the Indian health care delivery system – the Indian Health Care Improvement Act (IHCIA). The IHCIA is the foundation for the delivery of health care services to American Indians and Alaska Natives (AI/ANs). Despite this crucial role, the IHCIA expired in 2001. Indian Country needs this basis in order to ensure the delivery of health care to Indian people – today, tomorrow, and the coming months and years and the statutory structure for health care reform. Reauthorization is long over due – it is time to pass a bill this year.

Some of the conditions that brought about the passage of the original version of IHCIA in 1976 still continue to exist today; therefore, prompting many to say that “the Indian health care system is broken.” Yet, how can any health care system be broken if it operates with only 54% level of need funding? The system is not broken; **IT IS STARVED**. This chronic underfunding of the Indian health care system has led to a gross misrepresentation of the state of our system. Even with this level of underfunding, we must remember and commend the many promising practices who have addressed health disparities. For example, the Special Diabetes Program for Indians (SDPI) has led to a dramatic decline in blood sugar levels (A1C).¹ Also, many improvements in Indian health and in the health care delivery system are a direct result of Tribes administering their own delivery system thru Indian self-determination contracting.

In these times, we understand that conversation about reforming the Indian health care system does not stop here. If we desire true reform, we will not dispute that there are a few broken practices in the system. Health care reform discussions offer the Indian Country new opportunities to continue review of the system.

¹ The mean blood sugar level (A1C) decreased by more than 1% from 9.00% unit in 1996 (before the Special Diabetes Program for Indians) to 7.85% unit in 2007 (after the Special Diabetes Program for Indians). This decrease is a major achievement over ten years.

Health care reform is leading to the question: *How should national health care reform legislation handle Tribal members who are uninsured because they do not qualify for Medicaid, Medicare or do not have employer insurance?* Here are three initial thoughts of the National Indian Health Board:

1. Any expansion of Medicare and Medicaid programs shall include American Indian and Alaska Native specific provisions ensuring equitable access to all services and methods of reimbursement.

Expansion of Medicare, Medicaid and the State Children's Health Insurance Program (SCHIP) must preserve the authority of Indian health programs to be fully participating providers in both the existing and enhanced programs. Health care reform legislation that proposes premiums or cost sharing requirements with these expansions must include an exemption or 100% subsidy for AI/ANs.

2. States must be expressly instructed to consult with tribes on CMS programs as statutorily mandated. In addition, any legislation put forward must mandate state consultation with tribes on other Health and Human Services programs and issues such as block grants.

Section 5006 (e) of the American Recovery and Reinvestment Act of 2009 (Pub.L. 111-5) requires that any state in which an Indian Health Service (IHS), tribal or urban Indian organization program is located **MUST** maintain an on-going process to seek the advice of representatives from those programs on Medicaid and CHIP. This is the first step in improving Tribal-State relations by statutorily addressing consultation on these programs. The Department of Health and Human Services (HHS) must continue to further expand and mandate consultation Department wide.

3. Health care delivery and services must be culturally competent and appropriate and must address preventative and chronic care.

A community-based and culturally appropriate approach to health care is essential to preserve Indian cultures and eliminate health disparities. These health disparities demand specific provisions within health care reform legislation.

Indian Country will address the tough questions raised during the course of the health care reform discussion and will continue to work diligently with the Administration and Congress to ensure that the Indian health system is included in health care reform legislation. We request that the Administration and Congress honor its trust responsibility and insist that the Federal Government meaningfully consult Tribes at all stages of development of health care reform legislation.

Thank you so much for your time today, and we look forward to all of us working together on improving and starting a new legacy for the Indian health care system.