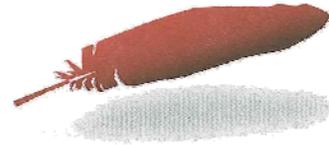


National Indian Health Board



FREQUENTLY ASKED QUESTIONS AMERICAN INDIANS AND ALASKA NATIVES IN HEALTH CARE REFORM

Q: Are Indian Tribes Stakeholders In Health Care Reform?

A: Yes. Indian Tribes play multiple roles in the health care system. They are governmental entities, direct care providers, employers, payers of care purchased from public and private sources and beneficiary advocates. In the health care reform debate, Indian tribes are **not** merely a special interest groups. Health care reform legislation must take into account the multiple roles of Indian Tribes in all stages of reform development and implementation.

Q: How Does the Effort to Reauthorize and Amend the Indian Health Care Improvement Act Factor into the Health Care Reform Debate?

A: The Indian Health Care Improvement Act (IHCIA) reauthorization bill and health care reform legislation have different objectives. Because the United States has a responsibility to provide health care to Indian people, Congress enacted the IHCIA to direct how that responsibility is to be carried out. Originally enacted in 1976, the IHCIA has not been comprehensively updated since 1992. The pending legislation would revise and update that law to provide for modern methods of health care delivery in the Indian health care system. Examples of these new authorities include: hospice, long-term care, assisted living, home and community based care, cancer screenings and an integrated system for comprehensively addressing the behavioral health needs of Indian youth, families and communities.

The health care reform effort has broader objectives that includes providing health insurance to millions of uninsured or under-insured Americans who do not have access to necessary health care -- including many Indian people. It is well recognized that the Indian health system does not supply sufficient services to meet even the most basic level of care. Indian people, like other Americans who have no or limited access to care, can benefit from health reform legislation. Thus, enactment of both an IHCIA reauthorization bill and health care reform legislation would make significant contributions toward improving access to needed care by Indian people, to improving their health status, and to the elimination of health status deficiencies that have persisted among Indian people for decades.

Q: Is the Indian Health Care System an Extension of the Mainstream Health System?

A: The Indian health care system is very different from the mainstream health system in America. The Indian health system is not health insurance; it provides direct care to Indian patients and referral services for care that the Indian health system is not able to provide itself. In essence, it is Indian Country's health care home. The Indian health system is a community-based and culturally appropriate approach to health care and is essential to preserve Indian cultures, promote a healthy lifestyle and effectively eliminate health disparities. The extremely poor health status, rates of poverty, and the remote, rural nature of Indian communities demand a unique health care delivery system. Through the Indian Health Service (IHS), an agency within the Department of Health and Human Services, the federal government has developed a unique system based on a public health model. The IHS is designed to provide health care services to 1.9 million AI/AN, living on or near reservations in 35 states.



The Indian health care system consists of services provided by three different entities:

1. **IHS provides direct health care services:** The IHS directly operates 31 hospitals, 52 health centers, 2 school health centers and 31 health stations.
2. **Tribes provide health care:** Tribes and Tribal organizations, through contracts and compacts under the Indian Self-Determination and Education Assistance Act, have opted to take over direct operation of health programs from the IHS. Today, over half of the IHS budget is distributed to tribally-operated programs which include 15 hospitals, 256 health centers, 9 school health centers, and 282 health stations (including 166 Alaska Native village clinics). The IHS or Tribes/Tribal organizations also operate 11 regional youth substance abuse treatment centers and 2,241 units of staff quarters.
3. **Urban Indian organizations provide health care to off reservation Indians:** IHS also provides funding for Indian health centers located in 34 urban areas.

Q: What General Principles Should Be Applied in the Development of Health Care Reform Legislation with Regard to Indian Country?

A: These principles must be applied in the development of health care reform legislation:

- Legislation must include Indian-specific provisions to assure that reform options can work in the unique Indian health delivery system and assure that the proposals do not harm the Indian health care system, and
- Any new public program created to cover the uninsured must be equally available to AI/ANs who use the Indian health system, and, where necessary, contain Indian-specific language and funding to assure that AI/AN enrollees can fully utilize the benefits covered by such program.

Q: Does Indian Country have Any Specific Recommendations for Health Care Reform?

A: Yes. On May 31, 2009, the National Indian Health Board, National Congress of American Indians and National Council of Urban Indian Health released a joint paper titled Health Care Reform – Indian Country Recommendations. In the paper, these organizations made important key recommendations to ensure that the Indian health care system is strengthened and improved in national health care reform. Some key recommendations include:

- Exempt Indian tribes from any employer mandate penalties and individual Indians from individual mandate penalties.
- All AI/ANs should be expressly exempt from any cost sharing.
- Assure Indian health programs are admitted to Exchange/Gateway provider networks
- Ensuring that the Indian Health system able to participate in all programs and services to create, support and maintain a workforce.

These proposals have served as the basis for the substantive and technical recommendations made by these organizations to the House and Senate Health Care Reform bills.

Q: What is the National Indian Health Board's Role in the National Health Care Reform Debate?

A: The NIHB is actively involved in the Health Care Reform effort. We will continue to meet with policymakers in the Obama Administration, Congress and other health organizations to ensure that the unique needs of AI/ANs are addressed in health care reform legislation.

For more information on health care reform in Indian Country, please contact Jennifer Cooper, Legislative Director, at jcooper@nihb.org or (202) 507-4070.

