

INDIAN HEALTH CARE IMPROVEMENT REAUTHORIZATION AND EXTENSION ACT SUMMARY OF UNIMPLEMENTED PROVISIONS

The Indian Health Care Improvement Reauthorization and Extension Act (S. 1790, enacted in H.R. 3590) permanently reauthorized and made several amendments to the Indian Health Care Improvement Act (IHCIA). Numerous provisions of S. 1790 have not yet been fully implemented. Below is a summary of the progress in implementing these provisions.*

Also attached is a complete catalogue of unimplemented provisions of S. 1790.

I. INDIAN HEALTH AND MANPOWER

- 67% of provisions not yet fully implemented
- Community Health Aide Program and Health Professional Chronic Shortage Demonstration Project not implemented because sufficient funds were never appropriated

II. HEALTH SERVICES

- 47% of provisions not yet fully implemented
- Six programs or initiatives not yet implemented because sufficient funds not yet appropriated
- After consultation, IHS determined not to implement authorized changes to Indian Health Care Improvement Fund
- IHS and DOI lack funds to provide mandated behavioral health training

III. HEALTH FACILITIES

- 43% of provisions not yet fully implemented
- Funds not yet appropriated for an authorized demonstration project on health care delivery
- IHS lacks funds to establish two demonstration programs for modular and mobile facilities that were mandated by the law

IV. ACCESS TO HEALTH SERVICES

- 11% of provisions not yet fully implemented
- IHS lacks funds to make grants to assist in Social Security program enrollment as mandated by the law

V. URBAN INDIANS

- 67% of provisions not yet fully implemented
- Four programs or initiatives not yet implemented because funds not yet appropriated, including programs for facilities renovation and to expand communicable disease and behavioral health programs

VI. ORGANIZATIONAL IMPROVEMENTS

^{*} This analysis largely draws on IHS's most recent report, from April 2014, regarding implementation of S. 1790. Some provisions may have been funded and implemented since that time.

• All provisions regarding organizational improvements have been implemented

VII. BEHAVIORAL HEALTH

- 57% of provisions not yet fully implemented
- Ten authorized programs or initiatives not yet implemented because funds not yet appropriated
- IHS lacks funds to implement the Mental Health Technician and the Training and Community Education programs that the law required to be established

VIII. MISCELLANEOUS

- 9% of provisions not yet fully implemented
- IHS has not yet designated North and South Dakota as a contract health service delivery area