COMMITTEE ON RESOURCES DEMOCRATS

Ranking Member Nick J. Rahall, II

Indian Health Care: An Outdated Federal Partnership
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The Federal obligation to provide health services to American Indians has its roots in historical treaties and legislation. In exchange for Indian tribes ceding millions of acres of aboriginal land, the United States entered into several treaties with the tribes promising health care for their members.

The Federal obligation further derives from the trust relationship between the U.S. and Indian tribes, having evolved through statutes, regulations, and executive orders. Although federally provided health care services have been made available to Indian families since 1926, the Indian Health Care Improvement Act ((IHCIA, Public Law 94-437; 25 U.S.C. 1601 et seq.) enacted in 1976, was the first statute addressing the specifics of Federal administration of health care services to American Indians and Alaska Natives.

In 1988, the Indian Health Service (IHS) was established as a separate agency under the Public Health Service, moving it from its status as a sub-agency. IHS provides health care services throughout Indian country.

Sadly, however, today the federal government spends less on IHS patients than any other group of citizens receiving public health care; in fact, the federal government spends twice as much on the health care needs of its prisoners than it does on Indians.

Modernizing and improving the health care system for American Indians is imperative. The best way to upgrade and update health care for Native Americans is for Congress to reauthorize the IHCIA. The IHCIA addresses health issues of life-and-death importance to American Indians, and Administration officials have claimed–year after year–that they understand that this is the number one health priority for Indian Country.

Considered the cornerstone legal authority for providing of health care to American Indians and Alaska Natives, the IHCIA expired on September 30, 2001. For six years, Congressional friends of Indian Country have been trying to reauthorize the Act. Despite solid tribal and bipartisan Congressional support, the Republican-controlled House has refused to make this a priority.

The IHCIA was enacted into law based upon findings that the health status of Indian people ranked far below that of the general population. Designed "to implement the Federal responsibility for the care and education of the Indian people by improving the services and facilities of Federal Indian health programs and encouraging the participation of Indians in such programs," IHCIA's preamble (PL 94-437) defines its mission of elevating the health status of the Indian population to a level at parity with the general U.S. population.

To help ensure access to quality health care for tribes, in the summer of 1999, a National Steering Committee (NSC) on the reauthorization of the IHCIA was established. The NSC was tasked with reviewing the recommendations received during the consultation process, reconciling differences in the recommendations from the various areas of Indian country, and completing a legislative draft that reflected the NSC's final recommendations.

IHCIA has been reauthorized three times, the last reauthorization occurring in1992; disregarding the wide tribal and Congressional support, the Administration has not moved on the House and Senate updates to this Act.

Reauthorization would permit program changes and expansions to the Indian health care delivery system, allowing the process to be more responsive to current tribal needs. One necessary change would be to elevate the position of Director of the IHS within the Department of Health and Human Services (DHHS) to Assistant Secretary for Indian Health.

At present, the Director of the Indian Health Service is appointed by the President and confirmed by the U.S. Senate. That Director currently reports to the Assistant Secretary for Health, a level of bureaucracy that stands in the way of effective service to Indian families. By elevating the Director position and providing direct access to the Secretary of DHHS, an Assistant Secretary for Indian Health would have greater control over budget issues and increase the level of commitment of DHHS to Indian health programs.

Advocates, Congress, tribes, and the DHHS have worked on IHCIA's reauthorization for six years while Indian Country has waited for thirteen years to be assured access to, and the availability of, health services. The need for reauthorization is endorsed by tribes from coast to coast.

Testifying on July 21, 2004 before the Senate Committee on Indian Affairs, former Secretary of the Department of Health and Human Services Tommy Thompson stated, "The Department is strongly committed to the reauthorization of the IHCIA during this Congress in order to improve the health status of American Indian people and to increase the availability of health services for them. We believe that reauthorizing legislation should provide increased flexibility to enable the Department to work with Tribes to improve the quality of health care for American Indian people, to better empower the Tribes to provide quality health care, to increase the availability of health care, including new approaches to delivering care, and to expand the scope of health services available to eligible American Indians and Alaska Natives."

Unfortunately, despite approval by the House Resources Committee on September 22, 2004, the Republican-controlled House leadership did not allow the full House of Representatives to have a vote on the bill, and the measure died in the last Congress.