U.S. SENATE COMMITTEE ON
Finance
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Opening Statement on the *Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act of 2006* and the *Improving Outcomes for Children Affected by Meth Act of 2006*
Thursday, June 8, 2006

Our first mark before us today is the *Medicare, Medicaid, and SCHIP Indian Health Care Improvement Act of 2006*. This bill encompasses the provisions of the *Indian Health Care Improvement Act*, S.1057, reported by the Indian Affairs Committee on March 16, that are in the jurisdiction of the Finance Committee. This legislation today helps us keep our commitment to provide quality health care to Indians. The legislation we are considering today would allow the tribes to be able to use money from Medicare and Medicaid to maximize improvement of the care provided to Indians. This legislation provides for increased outreach for Indian tribes to assist Indians in applying for Medicaid or SCHIP. This legislation also provides relief for Indians from Medicaid cost-sharing or premiums if that Indian comes to Medicaid by contract or referral. This is a fair and balanced policy as those Indians would not be subject to cost-sharing or premiums if their care was provided by an Indian Health provider.

This legislation creates incentives for Medicaid managed care plans that enroll Indians to include Indian Health providers in their networks. Indians have relationships with their health care providers and many prefer to receive services from an Indian Health provider. Under current law, if an Indian sees a provider not in the plan's network, that provider won't likely get paid except under certain circumstances. The Chairman's Mark helps fix that by requiring managed care plans that serve a large number of Indians to include Indian Health providers in their networks or to make alternative arrangements to make sure they're paid.

Finally, this legislation requires reporting of data on Indians served, the status of their health care, and efforts being made to upgrade facilities that may not be in compliance with Social Security Act requirements. This is valuable information that will aid us in insuring that we are providing quality care to Indians. I appreciate the efforts of Senator Baucus in helping us with this legislation as well as Senator McCain and Senator Dorgan. The work that has gone into today's markup has been a bipartisan process involving both committees. Their assistance has been invaluable.

Today we will also consider a bipartisan Chairman's Mark, the *Improving Outcomes for Children Affected by Meth Act of 2006*. This bill reauthorizes and improves the Promoting Safe and Stable Families program as well as the Mentoring of Children of Prisoners program. There is a long history of the Congress working productively on a bipartisan basis to improve child welfare. I am glad to report that this spirit of bipartisanship is alive and well on the Senate Finance Committee. The Senate Finance Committee has held two important hearings on child welfare. These are the first hearings the Senate Finance Committee has held on child welfare issues in nearly ten years. One of those hearings dealt specifically with the effects that methamphetamine addiction has had on America's child welfare system. I am persuaded that meth abuse and addiction have created a unique

and pressing problem, notably in rural states like Iowa and Montana.

During these hearings, the committee also learned the terrible toll that methamphetamine addiction is taking on Native American Indians. I am also convinced that the meth epidemic has created an unsustainable strain on an already overburdened child welfare system in states and on Indian reservations. I am very pleased to have successfully worked on this legislation with Senator Baucus. I appreciated his thoughtful comments and questions during our hearings on meth abuse and child welfare. By marking up this legislation today, members of the Senate Finance Committee have the opportunity to help address the problems that the meth epidemic has created for state child welfare systems. We do this by directing $40 million a year toward grants for regional partnerships. These partnerships will increase the well-being of, and improve the permanency outcomes for, children affected by methamphetamine abuse and addiction.

These grants will improve collaboration and coordination among providers of services for children and families. The Secretary is directed to give consideration for receipt of these grants to rural areas that have a lack of capacity for access to comprehensive family treatment services. By emphasizing comprehensive family treatment, we are promoting a promising strategy for families to recover from meth addiction together.

Additionally, the mark before us expands the Mentoring of Children of Prisoners program, so that children in areas that have not been able to access these mentoring services may gain access to these important programs. The mark also increases and improves access for needed funding for Indian Tribes as well as increases states accountability.

These are all relatively modest improvements to a program that, while small, has worked very well. I am pleased that we were able to adopt some of the Administration's proposals as well as suggestions from members of the Senate Finance Committee. I think that these changes will improve permanency outcomes for children. I urge my colleagues to support both of the bipartisan pieces of legislation before the Committee today.